

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107694

FILED
Aug 04, 2009
Secretary of State

Entity Name: EMERALD AIR SERVICES, LLC

Current Principal Place of Business:

112 BEAL PARKWAY, SW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5573
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-3858060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HIGHWAY 20, SUITE 202
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAGNER, CHRISTOPHER S
Address: P.O. BOX 5573
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: WAGNER, DOUGLAS D
Address: P.O. BOX 5573
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: BLOCK, CARL A
Address: P.O. BOX 5573
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: WAGNER, PAUL D
Address: P.O. BOX 5573
City-St-Zip: FORT WALTON BEACH, FL 32549

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER S. WAGNER

MGRM

08/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date