

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107694

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** EMERALD AIR SERVICES, LLC

**Current Principal Place of Business:**

112 SW BEAL PARKWAY  
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 ( )**

**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:** MNGR  
**Name:** WAGNER, CHRISTOPHER S  
**Address:** P.O. BOX 5573  
**City-St-Zip:** FORT WALTON BEACH, FL 32549

**Title:** MNGR  
**Name:** WAGNER, DOUGLAS D  
**Address:** P.O. BOX 5573  
**City-St-Zip:** FORT WALTON BEACH, FL 32549

**Title:** MNGR  
**Name:** BLOCK, CARL A  
**Address:** P.O. BOX 5573  
**City-St-Zip:** FORT WALTON BEACH, FL 32549

I hereby 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:** CARL A. BLOCK

MNGR

04/25/2011

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