2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L06000037819

Entity Name: AIRPLIANCE, LLC

Current Principal Place of Business:

42 B MOORE ROAD
HAINES CITY, FL 33844

New Principal Place of Business:

665 LIVE OAK AVE.
STE. 3
HAINES CITY, FL 33844 US

Current Mailing Address:

42 B MOORE ROAD
HAINES CITY, FL 33844

New Mailing Address:

P.O. BOX 1661
HAINES CITY, FL 33845 US

FEI Number: 20-4679867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMRICH, ROBBIE N
42 B MOORE ROAD
HAINES CITY, FL 33844 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: EMRICH, ROBBIE N
Address: 42 B MOORE ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM ( ) Delete
Name: YATES, KIM EDWARD
Address: 1421 4TH STREET
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES:

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: ROBBIE N EMRICH MGRM 01/22/2009

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