

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 13, 2008 8:00 am
Secretary of State

05-05-2008 90034 030 ***138.75

DOCUMENT # L06000051474			
1. Entity Name AB AIR, LLC			
Principal Place of Business 8501 NW 90TH STREET MEDLEY, FL 33166 US		Mailing Address 8501 NW 90TH STREET MEDLEY, FL 33166 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Harold W. Bailey</i></u> DATE <u>4-30-08</u> (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAILEY, HAROLD 8501 NW 90TH STREET MEDLEY, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Harold W. Bailey</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>4-30-08</u> Daytime Phone # <u>305-696-8660</u>	

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04232008 Chg-LLC CR2E083 (12/06)

4. FFI Amount 26-2739395 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required