

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-25-2007 90086 029 ****50.00

1/25

DOCUMENT # L06000065497

1. Entity Name

BLUE AIR LLC



Principal Place of Business

1357 SE FLORESTA DRIVE
PORT ST. LUCIE FL 34983
US

Mailing Address

1357 SE FLORESTA DRIVE
PORT ST. LUCIE FL 34983
US



1st MOORE

CR2E083 (10/06)

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

4. FEI Number

205724850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, TONY M
1357 SE FLORESTA DRIVE
PORT ST. LUCIE FL 34983

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

Signature, typed or printed name of registered agent (note: if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: NEWSOME, TONY M
STREET ADDRESS: 1357 SE FLORESTA DRIVE
CITY, ST, ZIP: PORT ST. LUCIE FL 34983

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature (Print Name)

Tony M Newsome 1/20/07 772-418 0491