

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072791

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BAY AREA AIR SYSTEMS, LLC

## Current Principal Place of Business:

4438 WINDING RIVER DRIVE  
VALRICO, FL 33596

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 6956  
BRANDON, FL 33508 US

## New Mailing Address:

FEI Number: 20-5333408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUSTA, HARVEY  
4438 WINDING RIVER DRIVE  
VALRICO, FL 33596 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: SHUSTA, HARVEY  
Address: 4438 WINDING RIVER DRIVE  
City-St-Zip: VALRICO, FL 33596 US

Title: MGRM ( ) Delete  
Name: CONDON, WILLIAM J  
Address: 4527 PRESTON WOODS DRIVE  
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM ( ) Delete  
Name: SHUSTA, MATTHEW J  
Address: 4438 WINDING RIVER DRIVE  
City-St-Zip: VALRICO, FL 33596 US

Title: MGRM (X) Delete  
Name: HACKETT, MICHAEL W JR.  
Address: 2910 JIM JOHNSON RD.  
City-St-Zip: PLANT CITY, FL 33566 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: CONDON, WILLIAM J  
Address: 4527 PRESTON WOODS DRIVE  
City-St-Zip: VALRICO, FL 33596 US

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: HARVEY SHUSTA

MGRM

01/16/2009

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