

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90066 005 ***138.75

DOCUMENT # L06000090657

1. Entity Name
PRIME AIR, LLC



Principal Place of Business
**3000 TAFT STREET
HOLLYWOOD, FL 33021**

Mailing Address
**3000 TAFT STREET
HOLLYWOOD, FL 33021**

60040892



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5545289

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD, FL 33021**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
STREET ADDRESS **COHEN, BARRY**
CITY-ST-ZIP **7447 NORTH ST. LOIS AVE
SKOKIE, IL 60076**

TITLE
NAME **AS** ☐ Change ☒ Addition
STREET ADDRESS **VETER, JUDITH W**
CITY-ST-ZIP **3000 TAFT STREET
HOLLYWOOD, FL 33021**

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **WOODEY, STEVE**
CITY-ST-ZIP **7447 NORTH ST. LOIS AVE
SKOKIE, IL 60076**

TITLE
NAME **D** ☐ Change ☒ Addition
STREET ADDRESS **MENDELSON, ERIC A**
CITY-ST-ZIP **3000 TAFT ST
HOLLYWOOD, FL 33021**

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **MOSELL, LUIS**
CITY-ST-ZIP **7447 NORTH ST. LOIS AVE
SKOKIE, IL 60076**

TITLE
NAME **M** ☒ Change ☐ Addition
STREET ADDRESS **MORELL, LUIS**
CITY-ST-ZIP **7447 NORTH ST LOUIS AVE
SKOKIE, IL 60076**

TITLE
NAME **T** ☐ Delete
STREET ADDRESS **IRWIN, THOMAS S**
CITY-ST-ZIP **3000 TAFT ST
HOLLYWOOD, FL 33021**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **LETENDRE, ELIZABETH**
CITY-ST-ZIP **3000 TAFT ST
HOLLYWOOD, FL 33021**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #