

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090657

FILED
Apr 21, 2009
Secretary of State

Entity Name: PRIME AIR, LLC

Current Principal Place of Business:

3000 TAFT STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3000 TAFT STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-5545289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD, FL 33021 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: P () Delete
Name: COHEN, BARRY
Address: 7447 NORTH ST. LOIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: V () Delete
Name: WOODEY, STEVE
Address: 7447 NORTH ST. LOIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: V () Delete
Name: MOSELL, LUIS
Address: 7447 N ST LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: T () Delete
Name: IRWIN, THOMAS S
Address: 3000 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: LETENDRE, ELIZABETH
Address: 3000 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS () Delete
Name: VETTER, JUDITH W
Address: 3000 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: COHEN, BARRY
Address: 7447 NORTH ST. LOIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: VPRE (X) Change () Addition
Name: WOODEY, STEVE
Address: 7447 N ST LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

Title: VPRE (X) Change () Addition
Name: MOSELL, LUIS
Address: 7447 N ST LOUIS AVE
City-St-Zip: SKOKIE, IL 60076

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

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

Title: AS (X) Change () Addition
Name: VETTER, JUDITH W
Address: 825 BRICKELL BAY #1643
City-St-Zip: MIAMI, FL 33131 US

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: THOMAS S. IRWIN

TREA

04/21/2009

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