# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2007 JUN -4 P 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000113194

1. Entity Name

AIR RESEARCH INSPECTIONS, LLC

1st MOORE CR2E083 (10/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 10901 BRIGHTON BAY BLVD NE<br>SUITE 5309<br>ST PETERSBURG FL 33716 | 10901 BRIGHTON BAY BLVD NE<br>SUITE 5309<br>ST PETERSBURG FL 33716 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | 10901 Brighton Bay Blvd NE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite # 5309 |
| City & State | City & State St Petersburg FL |
| Zip / Country | Zip 33716 / Country USA |

4. FEI Number — ☐ Applied For ☒ Not Applicable

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 |
|---|---|
| RUHLAND, MALIA R<br>10901 BRIGHTON BAY BLVD NE<br>SUITE 5309<br>ST PETERSBURG FL 33716 | Name Malia Ruhland<br>Street Address (P.O. Box Number is Not Acceptable) 10901 Brighton Bay Blvd NE<br>Suite # 5309<br>City St. Petersburg **FL** Zip Code 33716 |

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 _____ 3-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Owner~~ mgrm<br>Malia Ruhland | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000706391<br>04/24/07-80033-003 50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 10901 Brighton Bay Blvd NE<br>Suite # 5309 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | St. Petersburg, FL 33716 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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:** _____ 3-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #