

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001180

Entity Name: AIR SOLUTIONS HOLDING, LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

4533 HIGHWAY AVE.  
JACKSONVILLE, FL 32254

## New Principal Place of Business:

2575 EDISON AVE  
JACKSONVILLE, FL 32204

## Current Mailing Address:

4533 HIGHWAY AVE.  
JACKSONVILLE, FL 32254

## New Mailing Address:

2575 EDISON AVE  
JACKSONVILLE, FL 32204

FEI Number: 04-3589598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTHREN, BRIAN D  
4533 HIGHWAY AVENUE  
JACKSONVILLE, FL 32254 US

## Name and Address of New Registered Agent:

COTHREN, BRIAN D  
2575 EDISON AVE  
JACKSONVILLE, FL 32204 US

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: BRIAN COTHREN

03/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COTHREN, BRIAN D  
Address: 7686 RIVER AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR ( ) Delete  
Name: QUILLEN, WILLIAM E SR.  
Address: 1403 STARWAN RD. E.  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES:

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: BRIAN COTHREN

MGR

03/23/2009

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