

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005620

Entity Name: MANGO TANGO AIR, LLC

FILED
Jan 31, 2009
Secretary of State

Current Principal Place of Business:

207 LAURA LANE
GULF BREEZE, FL 32561

New Principal Place of Business:

102 SIGUENZA DR
PENSACOLA BEACH, FL 32561

Current Mailing Address:

207 LAURA LANE
GULF BREEZE, FL 32561

New Mailing Address:

102 SIGUENZA DR
PENSACOLA BEACH, FL 32561

FEI Number: 20-8245950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYKIN, FRANK
207 LAURA LANE
GULF BREEZE, FL 32561 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: FRANK BOYKIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYKIN, FRANK
Address: 207 LAURA LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: BRAXTON, MARK
Address: 102 SIGUENZA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM () Delete
Name: RUBY, ROBERT
Address: 1717 NORTH E ST. SUITE 434
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

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

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: MARK BRAXTON

MGRM

01/31/2009

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