

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040750

Entity Name: GQBHMS AIR CHARTERS, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

7600 NW 82ND PLACE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P O BOX 669250
MIAMI, FL 33166

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, PAUL A
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134 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: MGR () Delete
Name: QUIRCH, GUILLERMO
Address: 7600 NW 82ND PLACE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: QUIRCH, GUILLERMO III
Address: 7600 NW 82ND PLACE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: QUIRCH, IGNACIO
Address: 7600 NW 82ND PLACE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: QUIRCH, MAURICIO
Address: 7600 NW 82ND PLACE
City-St-Zip: MIAMI, FL 33166

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:

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: GUILLERMO QUIRCH III

MGR

04/13/2009

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