

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059383

FILED
Apr 03, 2009
Secretary of State

Entity Name: PUMP & AIR SERVICES, LLC

Current Principal Place of Business:

6101 BLUE LAGOON DR
STE 150
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 74-3217266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
STE 200
MIAMI, FL 33126 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: CELMANTI, DORIAN A
Address: 6101 BLUE LAGOON DR STE 150
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: MUNOZ, PABLO
Address: 6101 BLUE LAGOON DR STE 150
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: MUNOZ, MICHEL
Address: 6101 BLUE LAGOON DR STE 150
City-St-Zip: MIAMI, FL 33126

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: DORIAN A CELMANTI MGR 04/03/2009

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