## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 22, 2008 8:00 am Secretary of State **DOCUMENT #L07000065138** 04-21-2008 90312 025 \*\*\*138.75 NOELDREW AIR, LLC Principal Place of Business Mailing Address 260 SE MACARTHUR BLVD POST OFFICE BOX 1290 30007338 STUART, FL 34995 STUART, FL 34996 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-03947 Not Applicable Zip Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNRUH, PATRICIA L Street Address (P.O. Box Number is Not Acceptable) 260 SE MACARTHUR BLVD STUART, FL 34996 City Zip Code 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 Signature, typed or printed name of registatived agent and title if applicable FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change ☐ Addition ☐ Debeta TITLE TITLE UNRUH, HUGO MALK STREET ADDRESS POST OFFICE BOX 1290 STREET ADDRESS STUART, FL 34995 City-St-7P CITY - ST- 7IP Delete ☐ Change ☐ Addition TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP TOLE Chance ☐ Addition mi ☐ Delett NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7/P ☐ Change ☐ Addition ☐ Delete NUME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS OTY-St-7P CITY-ST-ZIP ☐ Change ☐ Addition October 1 TITLE TITLE HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and ecounter and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or business are provided by execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

**FILED** 



ATTACHMENT 30007338

## FLORIDA DEPARTMENT OF STATE

**Division of Corporations** 

May 3, 2008

NOELDREW AIR, LLC POST OFFICE BOX 1290 STUART, FL 34995 US

Subject: NOELDREW AIR, LLC

Reference Number:

L07000065138

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/tc
ANNUAL REPORTS SECTION

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Letter 5/20/08.

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