

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069386

Entity Name: AIR-NOVATIONS, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 26-0496254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAN, HIEN D
6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

DUBIE, MARC L CEO
6300 SOUTH POINTE BLVD
SUITE 429
FORT MYERS, FL 33919 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: MARC L. DUBIE

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAN, HIEN D
Address: 6300 SOUTH POINTE BLVD, SUITE 429
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: DUBIE, MARC L CEO/GM
Address: 6300 SOUTH POINTE BLVD, SUITE 429
City-St-Zip: FORT MYERS, FL 33919

Title: GM () Change (X) Addition
Name: DENNARD, MATTHEW C FIELDM
Address: 6300 SOUTH POINTE BLVD, SUITE 429
City-St-Zip: FORT MYERS, FL 33919

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: MARC L. DUBIE

CEO

02/19/2009

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