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Jun 04, 2008 8:00 am
Secretary of State
04-30-2008 90031 007 ***138.75

4/30

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30008671

DOCUMENT # L07000081180

1. Entity Name
AIR KLEMISH, LLC

Principal Place of Business	Mailing Address
6445 SOUTH CHICKASAW TRAIL, #333 ORLANDO, FL 32829	6445 SOUTH CHICKASAW TRAIL, #333 ORLANDO, FL 32829

04222008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10524 MOSS PARK RD	
Suite, Apt. #, etc. SUITE 204-406	Suite, Apt. #, etc.
City & State ORLANDO, FL 32832	City & State
Zip 32832 Country USA	Zip Country

4. FEI Number 26-0690697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMISH, JOHN
6445 SOUTH CHICKASAW TRAIL, #333
ORLANDO, FL 32829

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEMISH, JOHN 6445 SOUTH CHICKASAW TRAIL, #333 ORLANDO, FL 32829 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10524 MOSS PARK RD #204-406 ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 accurate and that my 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: [signature] 4/28/08 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #