

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092240

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CARRIBEAN AIR, LLC

**Current Principal Place of Business:**

918 WINDSOR DR  
SARASOTA, FL 34234 US

**New Principal Place of Business:**

**Current Mailing Address:**

918 WINDSOR DR  
SARASOTA, FL 34234 US

**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:**

LANSIQUOT, ADRIAN  
918 WINDSOR DR  
SARASOTA, FL 34234 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: MGRM ( ) Delete  
Name: LANSIQUOT, ADRIAN  
Address: 918 WINDSOR DR  
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM ( ) Delete  
Name: LANSIQUOT, CECILE  
Address: 5378 DUNSMUIR RD  
City-St-Zip: NORTH PORT, FL 34288 US

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

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: LANSIQUOT, ADRIAN  
Address: 5378 DUNSMUIR RD  
City-St-Zip: NORTH PORT, FL 34288

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Name: LANSIQUOT, CECILE  
Address: 5378 DUNSMUIR RD  
City-St-Zip: NORTH PORT, FL 34288

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: ADRIAN LANSIQUOT

MGRM

04/30/2009

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