

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000101822

1. Entity Name  
CORPORATE AIR REPAIR, LLC



**FILED**

2008 SEP 19 P 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9300 NORMANDY BLVD.  
SUITE 300  
JACKSONVILLE, FL 32221

Mailing Address  
9300 NORMANDY BLVD.  
SUITE 300  
JACKSONVILLE, FL 32221

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142008 Chg-LLC CR2E083 (12/06)

4. FEI Number

06-1195439

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUDWIG & ASSOCIATES, P.A.  
6160 BELFORT RD. S.  
#500  
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name

Kenneth R Oddy

Street Address (P.O. Box Number is Not Acceptable)

9300 Normandy Blvd Suite 300

City

Jacksonville

FL

Zip Code

32221

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 acknowledge the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature of individual or limited liability company officer if applicable

(NOTE: Registered Agent signature required when reinstating)

9/15/2008

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ODDY, KENNETH R	
STREET ADDRESS	9300 NORMANDY BLVD. SUITE 300	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	100136270531	
STREET ADDRESS	09/23/08--01048--012 **138.75	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

9/15/2008