

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105524

FILED
Jan 16, 2009
Secretary of State

Entity Name: TRAVEL AIR LLC

Current Principal Place of Business:

10476 COUNTY ROAD 237
OXFORD, FL 34484 US

New Principal Place of Business:

Current Mailing Address:

10476 COUNTY ROAD 237
OXFORD, FL 34484 US

New Mailing Address:

FEI Number: 83-0496548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOOD, RICHARD J
10480 COUNTY ROAD 237
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

RICHARD GOOD
10480 COUNTY ROAD 237
OXFORD, FL 34484 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: RICHARD GOOD

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOOD, RICHARD J
Address: 10480 COUNTY ROAD 237
City-St-Zip: OXFORD, FL 34484 US

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RICHARD GOOD,
Address: 10480 COUNTY ROAD 237
City-St-Zip: OXFORD, FL 34484 US

Title: MGR () Change (X) Addition
Name: RICHARD GOOD,
Address: 10476 CR237
City-St-Zip: OXFORD, FL 34484 US

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Name: RICHARD GOOD,
Address: 10476 CR237
City-St-Zip: OXFORD, FL 34484 US

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: RICHARD GOOD

MGR

01/16/2009

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