

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024100

Entity Name: AIR PLATINUM LIMOS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1985 N.E. 147 TERRACE
NO. MIAMI, FL 33181 US

New Principal Place of Business:

4320 NW 145TH STREET
OPA LOCKA, FL 33054 US

Current Mailing Address:

1985 N.E. 147 TERRACE
NORTH MIAMI, FL 33181 US

New Mailing Address:

4320 NW 145TH STREET
OPA LOCKA, FL 33054 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LAETITIA
1985 N.E. 147 TERRACE
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

BENMERGUI, ISAAC
1045 KANE CONCOURSE
SUITE 209
BAY HARBOR ISLANDS, FL 33154 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: ISAAC BENMERGUI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AIR PLATINIUM, LLC
Address: 9499 COLLINS AVENUE STE 203
City-St-Zip: SURFSIDE, FL 33154 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AIR PLATINIUM, LLC
Address: 4320 NW 145TH STREET
City-St-Zip: OPA LOCKA, FL 33054 US

Title: MGR () Change (X) Addition
Name: COHEN, LAETITIA
Address: 16426 NE 32 AVENUE
City-St-Zip: NORTH MIAMI, FL 33160 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: LAETITIA COHEN

MGR

04/30/2009

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