

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050598

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** MOUNTAIN AIR ENTERPRISES, LLC

**Current Principal Place of Business:**

1700 S. MACDILL AVE., SUITE 340  
TAMPA, FL 33629

**New Principal Place of Business:**

1700 S. MACDILL AVE.  
SUITE 340  
TAMPA, FL 33629

**Current Mailing Address:**

1700 S. MACDILL AVE., SUITE 340  
TAMPA, FL 33629

**New Mailing Address:**

1700 S. MACDILL AVE.  
SUITE 340  
TAMPA, FL 33629

**FEI Number:** 59-3532683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDEE, BRETT ESQ.  
1700 S. MACDILL AVE., SUITE 340  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

HENDEE, BRETT ESQ.  
1700 S. MACDILL AVE.  
SUITE 200  
TAMPA, FL 33629 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:**

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ASAP CAPITAL PARTNER, S  
Address: 1700 S. MACDILL AVE STE 340  
City-St-Zip: TAMPA, FL 33569

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:** TREADY SMITH

MGR

02/18/2009

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