

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082493

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: EVOLUTION AIR, LLC

**Current Principal Place of Business:**

1500 W CYPRESS CREEK ROAD  
SUITE 401  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5545  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

FEI Number: 26-3258966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALINO, KAREN  
6723 NW 70TH AVE  
TAMARAC, FL 33321 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: MGR ( ) Delete  
Name: BALINO, KAREN A  
Address: PO BOX 5545  
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: MGR ( ) Delete  
Name: MYERS, BONNIE S  
Address: PO BOX 5545  
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: MGR ( ) Delete  
Name: BALINO, CHARLES R  
Address: PO BOX 5545  
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: MGR ( ) Delete  
Name: MYERS, JAMES D  
Address: PO BOX 5545  
City-St-Zip: FT. LAUDERDALE, FL 33310

**ADDITIONS/CHANGES:**

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

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

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

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

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: BONNIE S MYERS

MGR

03/24/2009

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