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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Air Truck, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Glassberg
Name of Person

Glassberg & Glassberg, P.A.
Firm/Company

13615 S. Dixie Highway #114-514
Address

Miami, FL 33176
City/State and Zip Code

glassberglaw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Glassberg at (305) 669-9535
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Air Truck, LLC

09 SEP 11 AM 8:52
FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
STEREO Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---|--|
| MGRM | Arnaldo Rodriguez | 13615 S. Dixie Highway #114-514 Miami, FL 33176 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | David M. Glassberg | 13615 S. Dixie Highway #114-514 Miami, FL 33176 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

09/03/09

Signature of a member or authorized representative of a member

David M. Glassberg

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA