

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067495

Entity Name: AIR OASIS L.L.C.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6299-16 POWERS AVENUE  
JACKSONVILLE, FL 32217

## **New Principal Place of Business:**

6254 POWERS AVENUE  
714  
JACKSONVILLE, FL 32217 US

## **Current Mailing Address:**

7375 SECRET WOOD DR.  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

6254 POWERS AVENUE  
714  
JACKSONVILLE, FL 32217 US

FEI Number: 80-0443400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLYNN, TIMOTHY J  
791 ASSISI LANE  
APT. 2104  
ATLANTIC BEACH, FL 32233 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  
Name: ZERINGUE, KALEB J  
Address: 7375 SECRET WOODS DR.  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR  
Name: FLYNN, TIMOTHY J  
Address: 7375 SECRET WOODS DR.  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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: KALEB ZERINGUE

MGR

04/29/2011

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