

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG -5 AM 8:29

**FILING FEE**  
\$ 588.75 Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #**

L97000001135

A.D. AIR-WORKS, LLC  
940 CHALMER DR  
MARCO ISLAND FL 34145

1a. Principal Place of Business Address

940 CHALMER DR  
MARCO ISLAND FL 34145

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/10/1997

FL

4. FEI Number

59-3482014

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ROACH, MICHAEL J  
940 CHALMER DR  
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

7/21/98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WATSON, AMOS D	940 CHALMER DR	MARCO ISLAND FL

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-08/10/98--01131--003  
\*\*\*\*588.75 \*\*\*\*588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Amos D. Watson*

7/21/98

941-394 5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #