

FILED
Jul 09, 2004 08:00 AM
Secretary of State

1. Entity Name
PRIME AIR PARTS, L.L.C.



Mailing Address
6264 OAKTON ST.
MORTON GROVE, IL 60053

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
65-0889735	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
C/O QUARLES & BRADY
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103-3060

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHEN, BARRY
STREET ADDRESS	2275 N.E. 164TH ST.
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160

TITLE	P
NAME	WOODEY, STEVE
STREET ADDRESS	2275 N.E. 164TH ST.
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000164763
07/09/04-90002-023 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

7-104

Dase

(847) 583-1300

Daytime Phase II