

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90612 034 ****50.00

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DOCUMENT # L99000000282

1. Entity Name

PRIME AIR PARTS, L.L.C.



Principal Place of Business

**6601 LYONS ROAD, SUITE H-6
COCONUT CREEK FL 33073**

Mailing Address

**6264 OAKTON ST.
MORTON GROVE IL 60053**

2. Principal Place of Business

2275 N.E. 164th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

4. FEI Number **65-0889735**

Applied For

Not Applicable

Zip

33160

Country

U.S.A.

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **COHEN, BARRY**
STREET ADDRESS **6601 LYONS ROAD, SUITE H-6**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **P** ☐ Delete
NAME **WOODEY, STEVE**
STREET ADDRESS **6601 LYONS ROAD, SUITE H-6**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2275 N.E. 164th St.**
CITY-ST-ZIP **N. Miami Beach, FL 33160**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I 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 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 REQUIRED

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

3-31-03

Date

847 583-1300

Daytime Phone #

CR2E083 (10/02)