

2001 UNIFORM BUSINESS REPORT (UBR)

L99000004292
FILED

01 MAY 21 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004292

1. Entity Name **Roant, L.L.C.**
c/o U.S. Airmotive Holdings, Inc

Principal Place of Business Mailing Address **Same**
5439 NW 36th ST
Miami, Springs FL 33166

2. Principal Place of Business **Same as above** 3. Mailing Address **Same as above**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Miami Springs FL** City & State **FL** 4. FEI Number **65-1023189** Applied For ☐ Not Applicable ☐
Zip **33166** Country **USA** Zip Country 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Anthony E. Kruse
5439 NW 36th Street
Miami Springs, FL 33166

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MBR	<input type="checkbox"/> Delete
NAME Kruse Enterprises	
STREET ADDRESS 5439 NW 36th ST	
CITY-ST-ZIP Miami Springs, FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME A99000001030	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 600004419296--5	
STREET ADDRESS -06/14/01--01023--006	
CITY-ST-ZIP *****50.00 *****50.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BK	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **Anthony E. Kruse**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01 305-885-4991
Date Daytime Phone #

CR2E083 (11/00)