

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 041 \*\*\*\*50.00

**DOCUMENT # L99000004292**

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

Principal Place of Business  
**ONE S.E. 3RD AVE., SUITE 2400  
 C/O THERREL BAISDEN, P.A.  
 MIAMI FL 33131**

Mailing Address  
**ONE S.E. 3RD AVE., SUITE 2400  
 C/O THERREL BAISDEN, P.A.  
 MIAMI FL 33131**

2. Principal Place of Business  
**5439 NW 36<sup>th</sup> ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5439 NW 36<sup>th</sup> ST**  
 Suite, Apt. #, etc.

City & State  
**Miami, FL**  
 Zip  
**33166**  
 Country  
**USA**

City & State  
**Miami FL**  
 Zip  
**33166**  
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1023189** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DANIELS, NICHOLAS M ESQ.  
 ONE S.E. 3RD AVE., SUITE 2400  
 MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **Anthony E. Kruse**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5439 NW 36<sup>th</sup> ST.**  
 City **Miami Springs FL** Zip Code **33166**

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]* 7/26/02  
 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 Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KRUSE ENTERPRISES, LTD. 5439 NW 36TH STREET MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 7/26/02 305-885-4991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)