2" UNIFORM BUSINESS REPORT (UBR)

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

	UNII	TUNIM BUS	,		1								
DØCUMENT# L9900006198								FILED					
1. Entity Name SHELTAIR ORLANDO, LLC								1 4 2 2 2					
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									SECRE	TARY	OF ST	ATF	
Principal Place 4860 NE 12TH		3		Mailing Address 4860 NE 12TH AVENUE				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
FORT LAUDER			FORT LAUDERDALE FL 33334										
							\		18811811 B18 18118 18111 B	ANI ANI DA			
2. Principal Pl	ace of Busin	3. Mailing	3. Mailing Address				,	1201,011					
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	÷	City &	City & State				4. FEJ Number 1006822 Applied For Not Applicate						
Zip		Country	Zip		Cou	intry		5. Certif	cate of Status Desi	1	¬ \$	5.00 Addi	tional ,
	6. Name	and Address of Currer	t Registered	Agent	' ''	Name		7. Name	and Address of N	ew Regis	tered Ag	ent	
SCHMATZ, JOHN F													
	12TH AVEN	IUE					Street Address (P.O. Box Number is Not Acceptable)						
	JDERDALE								<u> </u>				
												Zip Code	
<u> </u>					_	City					FL	2 p 0000	
8. The above	named entity	y submits this statement	for the purpose	of changing it	s registe	ered office or	registere	d agent, o	or both, in the State	of Florida.			
SIGNATURE .													
0.0.12	Signature, typed	or printed name of registered age	nt and title if applica	ble. (NO	TE: Registe	red Agent signat	ure required	when reinstatir	ng)		DATE		
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,			M	ake Check P	ayable	to Depart	ment of	State	·				
9.	-DC	10		<u> </u>		ADDITI	ONS/CH/	NIGES	····-				
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NAME), GERALD M		NAM									
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11. I hereby c	ertify that the	e information supplied w	ith this filing de	es not qualify f	or the ex	emption sta	! .ted in Se	tion 119.0	07(3)(i), Florida Stati	utes. I furt	her certif	y that the in	formation
indicated	on this repor	rt is true and accurate ar ny or the receiver or trus	nd that my sign	ature shall have	the san	ne legal effe	ct as if m	ade under	oath; that I am a n	nanaging	member	or manage	of the

03/20/0/ Date Daytime Phone #