

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006839

FILED
Apr 29, 2009
Secretary of State

Entity Name: EAIR, L.L.C.

Current Principal Place of Business:

12201 NW 107 AVE
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

2 BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Mailing Address:

2 BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

FEI Number: 65-0956762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, MARIA A
Address: 11265 S.W. 32ND STREET
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: BARROSO, MARIA
Address: 7861 N.W. 171ST STREET
City-St-Zip: MIAMI, FL 33015

Title: MGR () Delete
Name: MILLAN, AUGUSTO H
Address: 12201 N.W. 107TH AVENUE
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA BARROSO

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date