

5/13

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-13-2002 90207 045 ****50.00

DOCUMENT # M01000001900

1. Entity Name

LOGAIR LLC

Principal Place of Business

**101 AVIATION DRIVE NORTH
NAPLES FL 34104**

Mailing Address

**101 AVIATION DRIVE NORTH
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737629

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KABCENELL, JAMES H
CLARK AVIATION CORP.
101 AVIATION DRIVE NORTH
NAPLES FL 34104**

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete
Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104	
Member <input type="checkbox"/> Delete	
Elizabeth L. Clark Irrev. Trust 101 Aviation Dr. North Naples, FL 34104	
Member <input type="checkbox"/> Delete	
M&L Cargo Asset Management LLC 3106-Professional Plaza Germantown, TN 38138	
Member <input type="checkbox"/> Delete	
MAG Family, LLEP 478 Reds Road Aspen, CO 81611	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

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

CR2E083 (9/01)

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: James H. Kabcenell**4/29/02****(239) 649-6800**

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

Date

Daytime Phone #