

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000021

FILED
Apr 14, 2009
Secretary of State

Entity Name: AIR SYSTEMS DISTRIBUTORS LLC

Current Principal Place of Business:

2151 W. HILLSBORO BLVD., SUITE 400
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR
SUITE 901
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 59-2860432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOGAN, BARRY S
Address: 2665 S. BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: MENENDEZ, ANA M
Address: 2665 S. BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: P () Delete
Name: COMBS, STEPHEN R
Address: 2151 W. HILLSBORO BLVD., SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ASV () Delete
Name: MENENDEZ, ANA M
Address: 2665 S BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33442

Title: V () Delete
Name: LOGAN, BARRY S
Address: 2665 S BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: VT () Delete
Name: NG, KENBIAN A
Address: 2151 W. HILLSBORO BLVD., SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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

Title: VS (X) Change () Addition
Name: LOGAN, BARRY S
Address: 2665 S BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

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: ANA M. MENENDEZ

MGR

04/14/2009

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