

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004808

1. Entity Name
IVORY AIR, LLC



FILED

07 MAR 23 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
120 S MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address
120 S MONROE STREET
TALLAHASSEE, FL 32301

13K



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 10570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Tallahassee FL

4. FEI Number
20-3333964

Applied For
Not Applicable

Zip

Country

Zip

32302

Country

USA

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

MEINERS, LOUIS M JR
2640 GOLDEN GATE PARKWAY STE 205
NAPLES, FL 34105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PALM AIR, LLC
1130 Thomasville Rd
TALLAHASSEE, FL *32303*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
meik
LOUIS M. Meiners, Jr.
2640 Golden Gate Parkway, Suite 205
Naples, FL 34105

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100095787054
*04/04/07--01025--004 **50.00*

☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

Date

Daytime Phone