

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004808

1. Entity Name  
IVORY AIR, LLC



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

Mailing Address  
P.O. BOX 10570  
TALLAHASSEE, FL 32302

**FILED**  
08 FEB 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182008 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-3333964

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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 ROAD  
TALLAHASSEE, FL 32303 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500118963915  
02/28/08--01003--015 \*\*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MEINERS, LOUIS M JR.  
2640 GOLDEN GATE PARKWAY, SUITE 205  
NAPLES, FL 34105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #