

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004986

FILED
Apr 28, 2009
Secretary of State

Entity Name: AIRCELL LLC

Current Principal Place of Business:

1250 N. ARLINGTON HEIGHTS RD
ITASCA, IL 60143

New Principal Place of Business:

1250 N. ARLINGTON HEIGHTS RD
STE. 500
ITASCA, IL 60143

Current Mailing Address:

1250 N. ARLINGTON HEIGHTS RD
ITASCA, IL 60143

New Mailing Address:

1250 N. ARLINGTON HEIGHTS RD
STE. 500
ITASCA, IL 60143

FEI Number: 42-1717064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BLUMENSTEIN, JACK
Address: 1250 N. ARLINGTON HEIGHTS RD
City-St-Zip: ITASCA, IL 60143

Title: MGR () Delete
Name: CRUZ, JOE
Address: 1250 N. ARLINGTON HEIGHTS RD
City-St-Zip: ITASCA, IL 60143

Title: MGR () Delete
Name: REIDA, SIMPSON
Address: 1250 N. ARLINGTON HEIGHTS RD
City-St-Zip: ITASCA, IL 60143

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ELIAS, MARGUERITE
Address: 1250 N. ARLINGTON HEIGHTS RD
City-St-Zip: ITASCA, IL 60143

Title: MGR (X) Change () Addition
Name: SIMPSON, REID
Address: 1250 N. ARLINGTON HEIGHTS RD
City-St-Zip: ITASCA, IL 60143

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: MARGUERITE ELIAS

MGR

04/28/2009

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