

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002656

Entity Name: SUPREME AIR, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2601 SOUTH BAY SHORE DRIVE, SUITE 1700
MIAMI, FL 33133

New Principal Place of Business:

2601 SOUTH BAY SHORE DRIVE
#1700
MIAMI, FL 33133

Current Mailing Address:

2601 SOUTH BAY SHORE DRIVE, SUITE 1700
MIAMI, FL 33133

New Mailing Address:

2601 SOUTH BAY SHORE DRIVE
#1700
MIAMI, FL 33133

FEI Number: 63-0868407

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: EVEREST CAPITAL INC.
Address: 2601 SOUTH BAY SHORE DRIVE, SUITE 1700
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: DIMITRIYEVIC, MARKO
Address: 2601 SOUTH BAY SHORE DRIVE, SUITE 1700
City-St-Zip: MIAMI, FL 33133

Title: SMD () Change (X) Addition
Name: MISTELE, TIMOTHY
Address: 2601 S BAYSHORE DRIVE #1700
City-St-Zip: MIAMI, FL 33133

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: TIMOTHY MISTELE

SMD

04/20/2009

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