

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90030 036 ****50.00

DOCUMENT # M97000000167

1. Entity Name
MICRONAIR, LLC



Principal Place of Business
163 ACORN LANE
COLCHESTER, VT 05446

Mailing Address
163 ACORN LANE
COLCHESTER, VT 05446

DO NOT WRITE IN THIS SPACE

% C 5 3 , , , , , - 2 3 9 &
24003142

01112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3429613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
POWELL, MARY
163 ACORN LANE
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASON, BOB
163 ACORN LANE
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRIFFIN, ROBERT
163 ACORN LANE
COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/04 8026558407