

2000 UNIFORM BUSINESS REPORT (UBR)

0015127 AF

DOCUMENT # M98000000272

1. Entity Name
SYMAX AIR L.L.C.

APPROVED
AND
FILED

00 APR 24 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
23240 CHAGRIN BLVD., SUITE 800
BEACHWOOD OH 44122-5471



2. Principal Place of Business

3. Mailing Address

30575 Bainbridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Solon, OH

Zip

Country

Zip

Country

44139

USA

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0376977

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM NEVADAMAX, INC. ☐ Delete
STREET ADDRESS 639 ISBELL ROAD, SUITE 390
CITY- ST- ZIP RENO NV 89509

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

TITLE NAME MGRM NEVADAMAZ LIMITED PARTNERSHIP ☐ Delete
STREET ADDRESS 639 ISBELL ROAD, SUITE 390
CITY- ST- ZIP RENO NV 89509

TITLE NAME NEVADAMAX LIMITED PARTNERSHIP ☒ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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 MANAGER
DAVID A. COOK
MANAGING MEMBER

Date

Daytime Phone #

4-21-00 440-519-3500

CR2E083 (9/99)