

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000272

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

Principal Place of Business  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
30575 RAINBRIDGE RD., SUITE 130  
SOLON OH 44139

FILED

2001 APR 20 AM 11:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 51-0376977

Applied For  
Not Applicable

Zip

Country

Zip

44139

Country

USA

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 NEVADAMAX LIMITED PARTNERSHIP ☐ Delete  
STREET ADDRESS 639 ISBELL ROAD, SUITE 390  
CITY-ST-ZIP RENO NV 89509

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004086156-156  
CITY-ST-ZIP -04/27/01--01087--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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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: DAVID A. COOK  
NEVADAMAX, INC. MEMBER 4-11-01 440-519-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0032871 SP

CR2E083 (11/00)