

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000467253

Entity Name: AIRSTRON, LLC

Current Principal Place of Business:

1559 SW 21ST AVE
FT LAUDERDALE, FL 33312

Current Mailing Address:

1559 SW 21ST AVE
FT LAUDERDALE, FL 33312 US

FEI Number: 59-2525449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	AMBR
Name	MSHC, INC.
Address	650 S. TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202
Title	PRESIDENT
Name	HAYES, LAWRENCE H.
Address	1559 SW 21ST AVE
City-State-Zip:	FT LAUDERDALE FL 33312
Title	VP
Name	PASCUCCI, JAMES M.
Address	1559 SW 21ST AVE
City-State-Zip:	FT LAUDERDALE FL 33312
Title	VP
Name	RICHARDSON, JASON
Address	650 S. TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202

Title	CEO
Name	STEINKE, CRAIG A.
Address	650 S. TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202
Title	SECRETARY, TREASURER
Name	WULINSKY, SCOTT
Address	650 S. TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202
Title	COO, VP
Name	PONZO, ANTHONY
Address	650 S. TRYON STREET SUITE 1000
City-State-Zip:	CHARLOTTE NC 28202
Title	CFO
Name	SONNY, PREMANAND
Address	1559 SW 21ST AVE
City-State-Zip:	FT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT WULINSKY

SECRETARY

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date