

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000521914

Entity Name: AMERICAN AIR COMPRESSOR, LLC

Current Principal Place of Business:

8933 WESTERN WAY
SUITE 1
JACKSONVILLE, FL 32256

Current Mailing Address:

8933 WESTERN WAY
SUITE 1
JACKSONVILLE , FL 32256 US

FEI Number: 87-3975994

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POTTER, MYRON A
8933 WESTERN WAY
SUITE 1
JACKSONVILLE, FL 32256 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 OWNER/MASTER TECHNICIAN
Name POTTER, MYRON A
Address 490 IRISH ROSE RD
City-State-Zip: SAINT AUGUSTINE FL 32092

Title OFFICE MANAGER
Name POTTER, JANICE B
Address 490 IRISH ROSE RD
City-State-Zip: SAINT AUGUSTINE FL 32092

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: JANICE POTTER

OFFICE MANAGER

01/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date