# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000521914

Entity Name: AMERICAN AIR COMPRESSOR, LLC

## **Current Principal Place of Business:**

490 IRISH ROSE RD SAINT AUGUSTINE, FL 32092

# **Current Mailing Address:**

490 IRISH ROSE RD SAINT AUGUSTINE, FL 32092 US

# FEI Number: 87-3975994

## Name and Address of Current Registered Agent:

POTTER, MYRON A 490 IRISH ROSE RD SAINT AUGUSTINE, FL 32092 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

## Authorized Person(s) Detail :

Title	OWNER/MASTER TECHNICIAN	Title	OFFICE MANAGER
Name	POTTER, MYRON A	Name	POTTER, JANICE B
Address	490 IRISH ROSE RD	Address	490 IRISH ROSE RD
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092

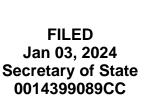
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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

01/03/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: Yes

Date