

**2023 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**

**Certificate of Status Desired:** Yes

**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

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**

**01/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date