

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000272

Entity Name: SYMAX AIR L.L.C.**Current Principal Place of Business:**1209 ORANGE STREET
WILMINGTON, DE 19801**Current Mailing Address:**32333 AURORA ROAD
SUITE 300
SOLON, OH 44139**FEI Number:** 51-0376977**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	MGRM
Name	NEVADAMAX, INC.
Address	2215 B RENAISSANCE DRIVE, SUITE 5
City-State-Zip:	LAS VEGAS NV 89119

Title	MGRM
Name	NEVADAMAX LIMITED PARTNERSHIP
Address	2215 B RENAISSANCE DRIVE, SUITE 5
City-State-Zip:	LAS VEGAS NV 89119

Title	MGRM
Name	LAUREN B. SPILMAN TRUST U/A/D 7/11/89
Address	32333 AURORA ROAD, SUITE 300
City-State-Zip:	SOLON OH 44139

Title	MGRM
Name	STACIE L. HALPERN TRUST U/A/D 7/11/89
Address	32333 AURORA ROAD, SUITE 300
City-State-Zip:	SOLON OH 44139

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: RICHARD D ARMBRUSTER**TREASURER****04/18/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date