Current M	ailing Address:		
23 RABBIT PALM BEA	TS RUN ACH GARDENS, FL 33418 US		
FEI Numb	er: 92-3646826		Certificate of Status Desire
Name and	Address of Current Registered Agent:		
KAMEN, SHA 23 RABBITS PALM BEACH			
23 RABBITS PALM BEACH	RUN	ng its registered office or regis:	tered agent, or both, in the State of Florid
23 RABBITS PALM BEACH	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin	ng its registered office or regis	tered agent, or both, in the State of Florid
23 RABBITS PALM BEACH The above nan	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin	ng its registered office or regis	tered agent, or both, in the State of Florid
23 RABBITS PALM BEACH The above nan SIGNATUF	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin RE:	ng its registered office or regis	tered agent, or both, in the State of Florid
23 RABBITS PALM BEACH The above nan SIGNATUF	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin RE: Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Florid
23 RABBITS PALM BEACH The above nam SIGNATUF Authorize	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin RE: Electronic Signature of Registered Agent d Person(s) Detail :		
23 RABBITS PALM BEACH The above nan SIGNATUF Authorized Title	RUN H GARDENS, FL 33418 US ned entity submits this statement for the purpose of changin RE: Electronic Signature of Registered Agent d Person(s) Detail : MGR	Title	MGR

## 2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000007454

Entity Name: REEAIR LLC

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

23 RABBITS RUN PALM BEACH GARDENS, FL 33418

Title	MGR	Title	MGR
Name	KAMEN, SHAINA	Name	SCHALLOP, GAIL CMGR
Address	23 RABBITS RUN	Address	23 RABBITS RUN
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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: SHAINA KAMEN

**CO-MANAGER** 

04/21/2023 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 21, 2023 **Secretary of State** 8901673006CC

ed: No