

RECEIVED

**SURFACE COATING OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

AUG 28 2009

Bureau of Environmental
& Mobile Sources

Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0990689-001

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

MOBILE AIRCRAFT SERVICES LLC

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: **3800 SOUTHERN BLVD SUITE 503**
City: **WEST PALM BEACH** County: **PALM BEACH** Zip Code: **33406-1452**

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

4-17-09

SEE
ATTACHED
DOS - DIV. OF
CORPORATION
FACT SHEET

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: <u>TODD JARO PRESIDENT</u>		
Owner/Authorized Representative Mailing Address Organization/Firm: Street Address: <u>3800 SOUTHERN BLVD SUITE 503</u> City: <u>WEST PALM BEACH</u> County: <u>PALM BEACH</u> Zip Code: <u>33406</u>		
Owner/Authorized Representative Telephone Numbers Telephone: <u>561-932-0680</u> Fax: <u>561-932-0682</u> Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>CHRISTINA FERGUSON OFFICE MANAGER</u>		
Facility Contact Mailing Address Organization/Firm: Street Address: <u>3800 SOUTHERN BLVD SUITE 503</u> City: <u>WEST PALM BEACH</u> County: <u>PALM BEACH</u> Zip Code: <u>33406</u>		
Facility Contact Telephone Numbers Telephone: <u>561-932-0680</u> Fax: <u>561-932-0682</u> Cell phone (optional):		

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.

Signature Todd Jaro Date 8/19/09

Material Usage Rates

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

2 lb.

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

Description of Facility

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Mobile Aircraft Services will be providing refinishing of aircraft interior cabinetry surfaces and interior trim pieces. All surface coating will be performed in a commercial grade spray booth equipped with filters and exhaust fan. A daily log will be kept of all materials used.

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# L04000078001

Entity Name: MOBILE AIRCRAFT SERVICES, LLC

Current Principal Place of Business:

1722 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

3800 SOUTHERN BLVD
SUITE 503
WEST PALM BEACH, FL 33406

Current Mailing Address:

1722 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

New Mailing Address:

3800 SOUTHERN BLVD
SUITE 503
WEST PALM BEACH, FL 33406

FEI Number: 42-1651097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SABO, TODD
1722 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

SABO, TODD
3800 SOUTHERN BLVD
SUITE 503
WEST PALM BEACH, FL 33406 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:

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE () Delete
Name: SABO, TODD J OWNER
Address: 1722 CORPORATE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426 US

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: SABO, TODD J.OWNER
Address: 3800 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TODD J. SABO

OWNE

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

(PLEASE NOTE - NEW ADDRESS)

**Mobile Aircraft Services
3800 Southern Blvd, Ste. 503
West Palm Beach, FL 33406**

WEST PALM BEACH
FL 33411
BY AIRCRAFT MAIL



FDEP Receipts
Post Office Box 3070
Tallahassee, Florida

32315-3070

32315+3070

