Amended

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-25-2002 90116 029 ****50.00
FILE L00000013196

02 DEC 26 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #L00000013196

1. Entity Name
C & L AVIATION, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
358 S.W. 33rd St.		1721 S.E. Ninth St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33315	Country: USA	Zip: 33316	Country: USA

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MJH

4. FEI Number 52-2275385 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Maurice J. Baumgarten
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street, #4300
City: Miami, FL Zip Code 33131

8. 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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Vito La Forgia
STREET ADDRESS	3814 Curtiss Parkway
CITY-ST-ZIP	~~Virginia Gardens, FL 33166~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Vito La Forgia 9/13/02 (305/871-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #