2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-09-2005 90008 027 ****50.00

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1. Entity Name
MYRA'S HANGAR, LLC

Principal Place of Business	Mailing Address
7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940	7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940

02242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 410999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melbourne, FL	
Zip	Country	Zip 32941	Country US

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILLIA, JOHN R ESQ
1800 W. HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALEY, MYRA K 7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd 2-24-05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#4570	☐ Change ☐ Addition

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: Myra K Haley Myra K. Haley Manager 02/24/05 (321) 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #