## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## DOCUMENT # L05000117051

DEDIENNE AEROSPACE, LLC.



Jan 22, 2007 08:00 AM **Secretary of State** 

**FILED** 

Principal Place of Business

2112 NW 99TH AVE.

#12 MIAMI, FL 33172 Mailing Address

2112 NW 99TH AVE.

#12

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33172



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3900803 

5. Certificate of Status Desired

\$5.00 Additional

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD. SUITE 602 FORT LAUDERDALE, FL 33304

STREET ADDRESS CITY - ST - ZIP

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the purpose of char<br>ions of registered agent. | nging its registered office or registered agent, or bot      | th, in the State of Florida. I am familiar with, and accept |
|------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title if applicable.            | (NOTE, Registered Agent signature required when reinstating) | DATE                                                        |
| FI                                             | iling Fee is \$50.00<br>ue by May 1, 2007                                                |                                                              | •                                                           |
| 9.                                             | MANAGING MEMBERS/MANAGERS                                                                |                                                              |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>VOLOT, KAREL<br>2112 NW 99TH AVE., #12<br>MIAMI, FL 33172                         |                                                              |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>VOLOT, JEAN-CLAUDE<br>2112 NW 99TH AVE., #12<br>MIAMI, FL 33172                   |                                                              | 000000594448<br>01/22/07-80071-024 50.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | DO                                                           | NOT WRITE                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                          | IN 1                                                         | THIS SPACE                                                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |                                                                                          |                                                              |                                                             |
|                                                |                                                                                          |                                                              |                                                             |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND THE DOOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE