

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-03-2008 90069 006 ***138.75

DOCUMENT #L06000061197 1. Entity Name ELITE JET CHARTER, LLC																									
Principal Place of Business 237 N. CRYSTAL LAKE DRIVE ORLANDO, FL 32803 US		Mailing Address 237 N. CRYSTAL LAKE DRIVE ORLANDO, FL 32803 US																							
2. Principal Place of Business - No P.O. Box # 5201 Kingston Pike Suite, Apt. #, etc. Ste U325 City & State Knoxville TN Zip 37919 Country USA		3. Mailing Address 5201 Kingston Pike Suite, Apt. #, etc. Ste U325 City & State Knoxville TN Zip 37919 Country USA																							
4. FEI Number 20-5052653		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01292008 Chg-LLC CR2E083 (12/08)																							
6. Name and Address of Current Registered Agent FALCO, ERNIE F III 237 N. CRYSTAL LAKE DRIVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name In Corp Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 17888 67th Court North City Loxahatchee FL Zip Code 33470																							
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 <u><i>[Signature]</i></u> DATE <u>3/26/08</u> (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-designing))																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MEMBER NAME ES Ventures, LLC STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE MEMBER NAME CPCA, LLC STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE MEMBER NAME Ryan Totka STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE MEMBER NAME ES Ventures, LLC STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919	☐ Delete	TITLE MEMBER NAME CPCA, LLC STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919	☐ Delete	TITLE MEMBER NAME Ryan Totka STREET ADDRESS 5201 Kingston Pike #6325 CITY- ST- ZIP Knoxville TN 37919	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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: <u><i>[Signature]</i></u>		03/26/08 965-805-9594																							

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