

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045648

FILED  
Jun 21, 2010  
Secretary of State

**Entity Name:** LONG ISLAND AVIATORS LLC.

**Current Principal Place of Business:**

8191 N TAMiami TRAIL  
SUITE 109  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1823  
SEAFORD, NY 11783

**New Mailing Address:**

FEI Number: 20-8947068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRONLEY, JOHN  
5500 BENT GRASS DR. #202  
SARASOTA, FL 34235 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLARK, PETER  
Address: 206 BAYVIEW AVE.  
City-St-Zip: MASSAPEQUA, NY 11758

Title: MGRM  
Name: CRONLEY, JOHN  
Address: 5500 BENT GRASS DR. #202  
City-St-Zip: SARASOTA, FL 34235

Title: MGRM  
Name: SEMENDINGER, GREGORY  
Address: 2185 CYPRESS ST.  
City-St-Zip: WANTAGH, NY 11793

Title: MGRM  
Name: SOSA, EDUARDO  
Address: 2 GREEN TREE CT.  
City-St-Zip: NORTHPORT, NY 11768

I hereby 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: JOHN CRONLEY

MGRM

06/21/2010

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