

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108512

Entity Name: BLUE SKY AVGROUP, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

5011 N. OCEAN BLVD
SUITE 5
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

5011 N. OCEAN BLVD
SUITE 5
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 26-1298083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCIBELLA, RICHARD J
5011 N OCEAN BLVD
SUITE 5
OCEAN RIDGE, FL 33435 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 () Delete
Name: LUCIBELLA, RICHARD J
Address: 5011 N. OCEAN BLVD SUITE 5
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGRM (X) Delete
Name: CEULEERS, BARBARA
Address: 5011 N. OCEAN BLVD SUITE 5
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGR () Delete
Name: EMERSON, ASHLEY C
Address: 5011 N. OCEAN BLVD SUITE 5
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD J. LUCIBELLA

MGR

01/04/2008

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