

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005933

FILED
Aug 27, 2009
Secretary of State

Entity Name: AERO3 LLC

Current Principal Place of Business:

88 HARWOOD I
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

88 HARWOOD I
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAZIC, RADOVIN
88 HARWOOD I
DEERFIELD BEACH, FL 33442 US

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: LAZIC, RADOVIN
Address: 88 HARWOOD I
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM () Delete
Name: RADOVANOVIC, ALEKSA
Address: 14000 VALJEVO
City-St-Zip: PAHCRCEYA 12 SERBIA,

Title: MGRM () Delete
Name: LAZIC, SASHA
Address: 314 HANNAH COURT
City-St-Zip: WILMINGTON, DE 45177

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: RADOVIN LAZIC

MR.

08/27/2009

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