

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

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AF

DOCUMENT # L00000007348

1. Entity Name  
PICKERING AVIATION SERVICES, L.L.C.

01 APR 27 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 BRICKELL KEY DR  
SUITE 400  
MIAMI FL 33131

Mailing Address  
501 BRICKELL KEY DR  
SUITE 400  
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name NS Corporate Services Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
501 Brickell Key Dr, Suite  
400  
City Miami FL Zip Code 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM-MANAGER  
NAME CANTERVILLE DONALD W (LIMITED)  
STREET ADDRESS PO BOX 116, SEACREST HOUSE  
CITY-ST-ZIP ROADTOWN TORTOLA BVI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/01

CR2E083 (11/00)