FROM : Jorge L Reyes C.P.A. PHONE NO. : 305+262+9452

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90255 003 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003328

1. Entity Name
DRAGON AEROSPACE, LLC

960496

Principal Place of Business	Mailing Address
C/O Lisette Pie Salazar, P.A. 240 Crandon Blvd. Suite 266 Key Biscayne, FL 33149	C/O Lisette Pie Salazar, P.A. 240 Crandon Blvd. Suite 266 Key Biscayne, FL 33149
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0886158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, NORMAN T C/O ROBERTS & SALAZAR, LLP 50 W. MASHTA DRIVE, SUITE 2 KEY BISCAYNE FL 33149	Name: Lisette Pie Salazar, P.A. Street Address: 240 Crandon Blvd. Suite 266 City: Key Biscayne FL Zip Code 331

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] 4-30-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAIGNEL, LUCIENNE 50 W. MASHTA DRIVE, SUITE 2 KEY BISCAYNE FL 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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] [date]