


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90180 034 \*\*\*\*50.00

<b>DOCUMENT # L04000085658</b>	
1. Entity Name ATLAS AIRPARTS INTERNATIONAL OF FLORIDA L.L.C.	

Principal Place of Business 2454 HARBORVIEW ROAD #A3 CHARLOTTE HARBOR, FL 33980	Mailing Address 1534 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983
---	---



2. Principal Place of Business 1534 Rio de Janeiro Ave Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Punta Gorda, FL	City & State
Zip 33983	Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
41-2154243

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, KEVIN C  
126 E. OLYMPIA AVENUE, SUITE 304  
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name MICHAEL R. CLAYTON  
Street Address (P.O. Box Number is Not Acceptable)  
1534 RIO DE JANEIRO AVE  
City PUNTA GORDA FL Zip Code 33983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael R Clayton* MICHAEL R. CLAYTON 3-27-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, MICHAEL R 1534 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael R Clayton* MICHAEL R. CLAYTON 3/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #