| 255 18TH AVE. | ncipal Place of Business: . NE SBURG, FL 33704 | | 06646387110 | |
|--|--|-----------------|--------------------------------|--------|
| Current Mailing Address: | | | | |
| 255 18TH A' SAINT PETE | VE.NE ERSBURG, FL 33704 US | | | |
| FEI Number: 75-3051471 Certificate of Status Des | | | | No |
| Name and Address of Current Registered Agent: | | | | |
| 255 18TH AVE. | ICHAEL RPRES . NE SBURG, FL 33704 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: MICHAEL CALLAHAN | | | | 6/2024 |
| | Electronic Signature of Registered Agent | | Γ | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGRM | Title | AUTHORIZED MEMBER | |
| Name | CALLAHAN, MICHAEL ESQ. | Name | VARSLAVANE CALLAHAN, INGUNA | |
| Address | 449 CENTRAL AVE SUITE 203 | Address | 449 CENTRAL AVE SUITE 203 | |
| City-State-Zip: | SAINT PETERSBURG FL 33701-3863 | City-State-Zip: | SAINT PETERSBURG FL 33701-3863 | 3 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES/MGR

SIGNATURE: MICHAEL T CALLAHAN

Electronic Signature of Signing Authorized Person(s) Detail

01/16/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010451

Entity Name: CALLAHAN AVIATION, LLC

FILED Jan 16, 2024 Secretary of State 0664638711CC