

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000018071

**FILED**  
**May 19, 2014**  
**Secretary of State**  
**CC3413647085**

**Entity Name:** ALTAIR AIRCRAFT, LLC

**Current Principal Place of Business:**

12405 NW 39 AVE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

12405 NW 39 AVE  
GAINESVILLE, FL 32606

**FEI Number:** 55-0791923

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALTAIR C ESPINOZA  
12405 NW 39TH AVE  
GAINESVILLE, FL 32606 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

**Authorized Person(s) Detail :**

Title           MANAGING MEMEBER  
Name           ESPINOZA, ANTONIO J  
Address        12405 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32606

Title           MANAGING MEMBER  
Name           ESPINOZA, JORGE A  
Address        12405 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32606

Title           CFO  
Name           ESPINOZA, ALTAIR C  
Address        12405 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32606

Title           CEO  
Name           ESPINOZA, VICTOR O  
Address        12405 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32606

Title           MANAGING MEMBER  
Name           ESPINOZA, VICTOR A  
Address        12405 NW 39TH AVE  
City-State-Zip: GAINESVILLE FL 32606

*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.*

**SIGNATURE:** JORGE ESPINOZA

**MANAGING MEMBER**

**05/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date