

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047513

Entity Name: CENTERLINE FLIGHT SERVICES, LLC

Current Principal Place of Business:

4169 WHITE TAIL CIRCLE
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5102
NICEVILLE, FL 32578 US

FEI Number: 26-2594044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRANG, CHRISTA M
4169 WHITETAIL CIRCLE
NICEVILLE, FL 32578 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 MGR
Name STRANG, CHRISTA M
Address 4169 WHITETAIL CIRCLE
City-State-Zip: NICEVILLE FL 32578

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: CHRISTA STRANG

MGR

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date