

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000015253

**Entity Name:** MTMN AVIATION LLC**Current Principal Place of Business:**226 CESSNA BLVD.  
PORT ORANGE, FL 32128**Current Mailing Address:**226 CESSNA BLVD.  
PORT ORANGE, FL 32128**FEI Number:** 46-1887635**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROCHELLE, JEFFREY B  
226 CESSNA BLVD.  
PORT ORANGE, FL 32128 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	ROCHELLE, JEFFREY B
Address	226 CESSNA BLVD
City-State-Zip:	PORT ORANGE BLVD FL 32128

Title	PRESIDENT
Name	ALNEHAYAN, MANSOOR T PHD
Address	226 CESSNA BLVD.
City-State-Zip:	PORT ORANGE FL 32128

Title	AUTHORIZED MEMBER
Name	ALNEHAYAN, ZAYED M
Address	226 CESSNA BLVD.
City-State-Zip:	PORT ORANGE FL 32128

Title	AUTHORIZED MEMBER
Name	ALNEHAYAN, MOHAMMED M
Address	226 CESSNA BLVD.
City-State-Zip:	PORT ORANGE FL 32128

Title	AUTHORIZED MEMBER
Name	ALNEHAYAN, KHALIFA M
Address	226 CESSNA BLVD.
City-State-Zip:	PORT ORANGE FL 32128

*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: JEFFREY B. ROCHELLE****MANAGER****01/12/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date