

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000221**

1. Entity Name  
H & D AVIATION, L.C.



Principal Place of Business  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221

Mailing Address  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221



01252006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0972558

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LYERLY, JAMES S  
7610 US HWY 41 N.  
PALMETTO, FL 34221

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

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

U00000493832  
04/24/06-80044-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LYERLY, J. STEPHEN  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HRUBY, ROGER  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STORKAN, DEAN  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCLAWHORN, CARROLL  
7610 U.S. HIGHWAY 41 NORTH  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06

Date

941/722-1038

Daytime Phone #