

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90084 016 ***138.75

DOCUMENT # L00000000369

1. Entity Name
EXPRESS.NET AIRLINES LLC



Principal Place of Business
**101 AVIATION DR. NORTH
NAPLES, FL 34104**

Mailing Address
**101 AVIATION DR. NORTH
NAPLES, FL 34104**

60017083



2. Principal Place of Business - No P.O. Box #

868 102nd Ave North

Suite, Apt. #, etc.

3. Mailing Address

868 102nd Ave North

Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
36-4347515

Applied For
Not Applicable

Zip
34108

Country
Collier

Zip
34108

Country
Collier

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KABCENELL, JAMES H
101 AVIATION DR. NORTH
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
868 102nd Ave North

City
Naples

FL Zip Code
34108

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLARK AVIATION CORPORATION
101 AVIATION DR. NORTH
NAPLES, FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Clark Aviation Corporation
868 102nd Ave North
Naples, FL 34108** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

James H. Kabcenell

3/5/08

Date

239.598.1700

Daytime Phone #