

2001 UNIFORM BUSINESS REPORT (UBR)

0006771 AF

DOCUMENT # L00000002969

1. Entity Name
AVIATION AVIONICS OF FLORIDA, L.L.C.*****

FILED

01 JAN 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8549 PARKLINE ROAD
SUITE A
ORLANDO FL 32809

Mailing Address

8549 PARKLINE ROAD
SUITE A
ORLANDO FL 32809

2. Principal Place of Business

8549 PARKLINE BLVD

Suite, Apt. #, etc.

SUITE A

City & State

ORLANDO, FL

Zip

32809

Country

ORANGE

3. Mailing Address

8549 PARKLINE BLVD

Suite, Apt. #, etc.

SUITE A

City & State

ORLANDO, FL

Zip

32809

Country

ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3636501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGAS, PHILIP L ESQ
PHILIP L. LOGAS, P.A.
34 E PINE ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

000003567880-4

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-01/23/01--01068--029

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
JOHN W. WADE
370 N BULLMOOSE RD
CHANDLER, AZ 85224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
PAUL E LAUER
3739 SAINT MORITZ ST
ORLANDO, FL 32812

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PAUL E LAUER

1-10-01 407-240-7442

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

Date

Daytime Phone #

CR2E083 (11/00)