

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002969

FILED
Feb 04, 2008
Secretary of State

Entity Name: AVIATION AVIONICS OF FLORIDA, L.L.C.

Current Principal Place of Business:

8549 PARKLINE BLVD.
SUITE A
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8549 PARKLINE BLVD.
SUITE A
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3636501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WADE, JOHN W
Address: 2046 NATURE PARK LANE
City-St-Zip: SPRING, TX 77386

Title: MGRM () Delete
Name: LAUER, PAUL E
Address: 1261 HANCOCK CIR.
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAUL E. LAUER

MGRM

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date