# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 13, 2009**
**Secretary of State**

DOCUMENT# L00000002969

**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 03/13/2009

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