

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

05 APR 29 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003377

1. Entity Name  
SEMBLER AVIATION, L.L.C.



Principal Place of Business  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

Mailing Address  
PO BOX 41847  
SAINT PETERSBURG, FL 33743-1847



**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3650005

Applied For  
Not Applicable

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

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

SHER, CRAIG H  
5858 CENTRAL AVE  
SAINT PETERSBURG, FL 33707

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEMBLER AIR, INC.
STREET ADDRESS	5858 CENTRAL AVENUE
CITY - ST - ZIP	ST. PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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

4/12/05

727-384-6000

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

Date

Daytime Phone #

Melvin F. Sembler