

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90100 045 *****50.00

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DOCUMENT # L00000003721

1. Entity Name

RELIANCE AVIATION MANAGEMENT, LLC



Principal Place of Business

**6201 SW 145 STREET
MIAMI FL 33158**

Mailing Address

**6201 SW 145 STREET
MIAMI FL 33158**

2. Principal Place of Business

3. Mailing Address

14532 S.W 129 ST,
Suite, Apt. #, etc.

1150 Lee Wagner Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Miami, Fla 33186

Zip
33186

Country
DADE

City & State

FT. Lauderdale, Fla

Zip
33315

Country
Broward

4. FEI Number **65-0995829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLLE, DENNIS J
2601 S. BAYSHORE DRIVE, STE 1600
MIAMI FL 33133

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUMFIELD, CRAIG A 6201 SW 145TH STREET MIAMI FL 33158	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, PHILLIP T 2601 S. BAYSHORE DR., SUITE 725 MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINTO, JAMES J 520 MADISON AVENUE, 40TH FLOOR NEW YORK NY 10022	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABEZA, GUILLERMO J. 1150 Lee Wagner Blvd, FT. Lauderdale, Fla 33315	☐ 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
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:

SIGNATURE REQUIRED

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

4/17/03

(954) 359-4200

Date

Daytime Phone #

CR2E083 (10/02)