

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90027 028 \*\*\*150.00

<b>DOCUMENT # L00000004041</b> 1. Entity Name INFLIGHT HOLDINGS, LLC.	
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Principal Place of Business 6950 N.W. 25TH STREET MIAMI, FL 33126	Mailing Address P.O. BOX 380758 MIAMI, FL 33238
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04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1001810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

<b>6. Name and Address of Current Registered Agent</b>  LICHTMAN, JONATHAN J 120 E PALMETTO PARK RD SUITE 100 BOCA RATON, FL 33432-0000
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEPACH, BERNARD 6950 N.W. 25TH STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	535 NE 185 St Miami FL 33179
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, trustee, or person empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #