

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007298

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

FILED

01 FEB -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4602 SOUTHWINDS THREE DRIVE
DESTIN FL 32541

Mailing Address
4602 SOUTHWINDS THREE DRIVE
DESTIN FL 32541

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6815
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
59-3657248

Applied For
Not Applicable

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

Zip 32550 Country
Zip 32550-6815 Country

6. Name and Address of Current Registered Agent
FOSTER, WILLIAM S
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
Name
SOLLEY, MICHAEL W.
Street Address (P.O. Box Number is Not Acceptable)
4602 SOUTHWINDS THREE DRIVE
City DESTIN FL Zip Code 32550

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.

SIGNATURE MICHAEL W. SOLLEY 2/2/01
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 Department of State

3000003743459--S
-02/20/01--01081--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLLEY, MICHAEL W 4602 SOUTHWINDS THREE DRIVE DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL W. SOLLEY 2/2/01 850-650-8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0032043 SP

CR2E083 (11/00)