

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007348

**FILED**  
**Jul 27, 2007**  
**Secretary of State**

**Entity Name:** PICKERING AVIATION SERVICES, L.L.C.

**Current Principal Place of Business:**

1110 BRICKELL AVE., SUITE 310  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1110 BRICKELL AVE., SUITE 310  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NS CORPORATE SERVICES INC.  
801 BRICKELL AVE, SUITE 1580  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FL 33131 US

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:

07/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NS CORPORATE SERVIC, ES INC.  
Address: 801 BRICKELL AVE, SUITE 1580  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NS CORPORATE SERVIC, ES INC.  
Address: 1110 BRICKELL AVENUE, SUITE 310  
City-St-Zip: MIAMI, FL 33131

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: NS CORPORATE SERVICES INC.

MGR

07/27/2007

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