

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90028 008 \*\*\*\*\*50.00

**DOCUMENT # L00000011634**

1. Entity Name

**STRAIGHT ARROW AVIATION, LLC**



Principal Place of Business

**544 WINDROSE CIRCLE  
PENSACOLA FL 32507**

Mailing Address

**PO BOX 13021  
PENSACOLA FL 32591-3021**

2. Principal Place of Business

**162 CONNELL DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**32503**

Country

**USA**

Country

4. FEI Number

**59-3692086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KENT JR, R. ANDREW  
3 WEST GARDEN STREET  
STE 700  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

**R. ANDREW KENT, JR**

Street Address (P.O. Box Number is Not Acceptable)

**501 COMMENDANCE STREET**

City

**PENSACOLA FL**

FL

Zip Code

**32501**

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

**R. ANDREW KENT JR.**

(NOTE: Registered Agent signature required when reinstating)

**R. ANDREW KENT JR.**

**04-13-03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KENT, R. ANDREW JR. 762 CONNELL DRIVE PENSACOLA FL 32504</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KENT, ROBERT A. SR. 544 WINDROSE CIRCLE PENSACOLA FL 32507</b>	<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
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
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:

**R. ANDREW KENT JR.**

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

**04-13-03**

Date

**850 432 2457**

Daytime Phone #

CR2E083 (10/02)

0049354