

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90065 008 ****50.00

DOCUMENT # L00000012669

1. Entity Name

AEROSPACE SERVICE, L.L.C.

Principal Place of Business

**757 SE 17TH STREET, SUITE 141
 FT. LAUDERDALE FL 33316**

Mailing Address

**757 SE 17TH STREET, SUITE 141
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

258 SW. 33RD ST.

3. Mailing Address

1721 S.E. NINTH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-1051027

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

33316

Country

USA

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

6. Name and Address of Current Registered Agent

**BRILL, THEODORE F ESQ.
 8211 W. BROWARD BLVD., SUITE 360
 PLANTATION FL 33324-2737**

7. Name and Address of New Registered Agent

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **AEROSPACE SERVICE, INC.**
 STREET ADDRESS **757 SE 17TH STREET, SUITE 141**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **MGRM** ☐ Delete
 NAME **AEROSERVICE, INC.**
 STREET ADDRESS **3814 CURTISS PARKWAY**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE **MGRM** ☐ Delete
 NAME **SAWYER INDUSTRIES, INC.**
 STREET ADDRESS **8050 HOSBROOK ROAD, SUITE 102**
 CITY-ST-ZIP **CINCINNATI OH 45236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

John Collins
JOHN COLLINS

2/8/02

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

Date

Daytime Phone #

CR2E083 (9/01)