

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012669

1. Entity Name
AEROSPACE SERVICE, L.L.C.



Principal Place of Business
**258 S W 33RD ST
FORT LAUDERDALE, FL 33315**

Mailing Address
**1721 S E NINTH ST
FORT LAUDERDALE, FL 33316**



07052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, TARI
1721 S.E. NINTH ST
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000569035
07/11/06-80009-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AEROSPACE SERVICE, INC.
STREET ADDRESS	258 S.W. 33RD STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	MGRM
NAME	AEROSERVICE, INC.
STREET ADDRESS	3814 CURTISS PARKWAY
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

Tari M. Collins

7/5/06

954-522-1522

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

Date

Daytime Phone #