2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000014138

1. Entity Name
AVIATION WORLDWIDE SERVICES, L.L.C.

Principal Place of Business	Mailing Address
15 WINDJAMMER POINT MERRITT ISLAND FL 32952	1861 S PATRICK DR PMB 115 INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1861 S PATRICK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 115	
City & State		City & State INDIAN HARBOUR BEACH FL	
Zip	Country	Zip 32937	Country US

4. FEI Number 59-3704582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACE JAMES H
FALLACE & ASSOCIATES PA
1900 S HICKORY ST SUITE A
MELBOURNE FL
32901 US

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 ______________________ 04/05/2001
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME PERE, RICHARD JSR. STREET ADDRESS 15 WINDJAMMER POINT CITY-ST-ZIP MERRITT ISLAND FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME CHILDREY TIMOTHY L STREET ADDRESS 15 WINDJAMMER POINT CITY-ST-ZIP MERRITT ISLAND FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Timothy L. Childrey Mgr 04/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #