

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 038 ****55.00

DOCUMENT # L01000000796

1. Entity Name
FERRELL SCHULTZ AVIATION, L.L.C.



Principal Place of Business
201 S. BISCAYNE BLVD.
MIAMI CENTER, 34TH FLOOR
MIAMI, FL 33131

Mailing Address
201 S. BISCAYNE BLVD.
MIAMI CENTER, 34TH FLOOR
MIAMI, FL 33131

24065163



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1078870

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC
201 S. BISCAYNE BLVD., STE 3400
MIAMI, FL 33131

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. 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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME FERRELL GROUP CORPORATE SERVICES, LLC
STREET ADDRESS 201 S BISCAYNE BLVD 34TH FL
CITY-ST-ZIP MIAMI, FL 33131

TITLE MANAGER ☒ Change ☐ Addition
NAME FERRELL SCHULTZ CARTER & FERTEL, P.A.
STREET ADDRESS 201 S. Biscayne Blvd., Suite 3400
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Maya C. Castiglione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

4/29/04

305-371-8585