LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90583 048 ****55.00

DOCUMENT # L01000002831

1. Entity Name

LAKELAND AEROSPACE LLC

957553

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2. Principal Place of Business	3. Mailing Address
FLORIDA, 499 LAKEVIEW DR	499 LAKEVIEW DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS. FL.	City & State: CORAL SPRINGS. FL.
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number 82-0538369 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DARLENE WARD. CSC.

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET.

City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	GORDON DENNIS REYNOLDS
STREET ADDRESS	499 LAKEVIEW DRIVE
CITY-ST-ZIP	CORAL SPRINGS. FL. 33071

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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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: Gordon D. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

954-224-2404
Daytime Phone #

CR2E083B (12/01)