

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L01000003035

1. Entity Name
MILAM COMMERCE, LLC



Principal Place of Business

% V.H.L. AIRCRAFT INC.
5000 NW 74TH AVE.
MIAMI, FL 33166

Mailing Address

% V.H.L. AIRCRAFT INC.
5000 NW 74TH AVE.
MIAMI, FL 33166



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1093134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LEDESMA, MANUEL I
STREET ADDRESS	8955 SW 75 ST.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VPST
NAME	LEDESMA, YOLANDA
STREET ADDRESS	8955 SW 75 ST.
CITY-ST-ZIP	MIAMI, FL 33173
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**

U000000715714
04/28/07-80001-004 55.00

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: _____

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

Date

Daytime Phone #