

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003112

FILED
Feb 04, 2008
Secretary of State

Entity Name: B & E AIRCRAFT SALES, LLC

Current Principal Place of Business:

1825 PONCE DE LEON BLVD., #487
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD., #487
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1080048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELO, BARRY & BOLDT, P.A.
SUNTRUST CENTER, STE. 850
515 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUEVEDO, BENITO
Address: 1825 PONCE DE LEON BLVD., # 487
City-St-Zip: MIAMI, FL 33134

Title: MGRM () Delete
Name: EASTON, EDWARD
Address: 10165 NW 19TH STREET
City-St-Zip: MIAMI, FL 33172

Title: VP () Delete
Name: QUEVEDO, EMILY G
Address: 1825 PONCE DE LEON BLVD. #487
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENITO QUEVEDO

MGRM

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date