

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 027 *****50.00

DOCUMENT # L01000005422

1. Entity Name
TRADEWINDS AIRCRAFT SERVICES, L.L.C.



Principal Place of Business
**6601 LYONS ROAD, BUILDING C-11
COCONUT CREEK FL 33073**

Mailing Address
**6601 LYONS ROAD, BUILDING C-11
COCONUT CREEK FL 33073**

2. Principal Place of Business
4700 Lyons Technology Parkway
Suite, Apt. #, etc.

3. Mailing Address
4700 Lyons Technology Parkway
Suite, Apt. #, etc.

City & State
Coconut Creek FL
Zip
33073
Country
US

City & State
Coconut Creek FL
Zip
33073
Country
US

4. FEI Number **65-1109935**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KREISEL, MARK
6601 LYONS RD
BLDG C-11
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **Mark Kreisel**
Street Address (P.O. Box Number is Not Acceptable)
4700 Lyons Technology Parkway
City **Coconut Creek** **FL** Zip Code **33073**

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

Mark Kreisel, Managing Member
(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KREISEL, MARK**
STREET ADDRESS **6601 LYONS ROAD, BUILDING C-11**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4700 Lyons Technology Parkway**
CITY-ST-ZIP **Coconut Creek, FL 33073**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Mark Kreisel, Managing Member** **4/30/03** **954-421-2510**
Date Daytime Phone #

CR2E083 (10/02)