

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000005844

1. Entity Name
NET AVIATION, LLC



Principal Place of Business

**C/O MCCURRY AND INGALLS, LLC
21301 POWERLINE ROAD, STE. 204
BOCA RATON, FL 33433**

Mailing Address

**C/O MCCURRY AND INGALLS, LLC
21301 POWERLINE ROAD, STE. 204
BOCA RATON, FL 33433**



02022005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0036460

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCURRY, WILLIAM P
C/O MCCURRY & INGALLS, LLC
21301 POWERLINE ROAD, SUITE 204
BOCA RATON, FL 33433**

**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, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASZLO, VONFEDAK PO BOX 41268 SAN JUAN, PR 00940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/05-80050-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Jan 10, 2005 (787) 565 7956
Date Daytime Phone #