

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 04, 2006 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**



02032006 No Chg-LLC

CR2E093 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------|
| TITLE | MGR |
| NAME | LASZLO, VON FEDAK |
| STREET ADDRESS | PO BOX 41268 |
| CITY-ST-ZIP | SAN JUAN, PR 00940 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/19/06-80032-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

24/03/06 787-5657456

Daytime Phone #