2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011720

1. Entity Name

E-AVIATION, LLC

SIGNATURE:



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90118 038 ****50.00

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Principal Place of Business 15 LANCASTER PLACE CAINT AUGUSTINE FL 32080 IS		Mailing Address 115 LANCASTER PLACE SAINT AUGUSTINE FL 32080 US		 	IN BO LOK II I NI Oo kii oo kii	88 481 88 481 14 88		
. Principal Place of Business 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
ty & State C		City & State		4. FEI Number 59-3731659 Applied For Not Applicable				
Country Zip Cou		Count	ry	5. Certificate of	of Status Desired			
Name and Address of Curre	ent Registered Agent			7. Name and	Address of New R	egistered Aç	gent	
C ASTER PLACE GUSTINE FL 32080				s (P.O. Box Number	is Not Acceptable)		
•			City	<u></u>	<u> </u>	FL	Zip Code	>
l entity submits this statemer registered agent.	nt for the purpose of chang	ging its registere	d office or regis	stered agent, or both	, in the State of Flo		miliar with,	and accept
typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature requ	ired when reinstating)		DATE		
MANAGING MEI				nent of State	ADDITIONS/	CHANGES		
RM ER, H C LANCASTER PLACE	☐ Delet	NAME STRE	ET ADDRESS				☐ Change	Addition
11 //000011112 / 2 0200		NAMI STRE	ET ADDRESS				☐ Change	☐ Addition
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	Country Name and Address of Curro C ASTER PLACE GUSTINE FL 32080 I entity submits this statement registered agent. MANAGING MEI MM ER, H C LANCASTER PLACE NT AUGUSTINE FL 32080	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent C ASTER PLACE GUSTINE FL 32080 Plentity submits this statement for the purpose of change registered agent. Appead or printed name of registered agent and title if applicable. Fill Make Check F MANAGING MEMBERS/MANAGERS MER, H C LANCASTER PLACE IT AUGUSTINE FL 32080 Deleted Deleted Deleted	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country CASTER PLACE GUSTINE FL 32080 Pentity submits this statement for the purpose of changing its registered agent. Pentity submits this statement for the purpose of changing its registered registered agent. NOTE: Registered agent. (NOTE: Registered Place Pentity submits this statement for the purpose of changing its registered registered agent. NOTE: Registered agent. PILE NOW!!! F Make Check Payable to Flo Due By Ma MANAGING MEMBERS/MANAGERS ID. AMM STRE CITY Delete TITLE NAMI STRE CITY Delete	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Alame and Address of Current Registered Agent Name Street Address Gustine FL 32080 City I entity submits this statement for the purpose of changing its registered office or registered agent. Appeal or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered agent and title if applicable. Tille NOW!!! FEE IS \$50.0 Make Check Payable to Florida Departr Due By May 1, 2003 MANAGING MEMBERS/MANAGERS AME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Malling Address 115 LANCASTER PLACE SAINT AUGUSTINE FL 32080 Business 3. Malling Address Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Name Craster PLACE Street Address of Current Registered Agent Country City Tentity submits this statement for the purpose of changing its registered office or registered agent, or both registered agent Typed or pritated name of registered agent and tible if applicable. Who the check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANAGERS TILL NAME STREET ADDRESS CITY-ST-ZIP Delete TILL NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP	Malling Address 115 LANCASTER PLACE SAINT AUGUSTINE FL 32080 Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE City & State Country Zip Country 5. Certificate of Status Desired Name Country Street Address of Current Registered Agent Name Country City Street Address (P.O. Box Number is Not Acceptable Sustine FL 32080) City Lentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fice registered agent. The Normal Address of New R Name Street Address (P.O. Box Number is Not Acceptable Sustine FL 32080) City FILE NOW!!! FEE IS \$50.00 Make Check Payable to Floridal Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete TITLE NAME STREET ADDRESS CITY- ST- ZP Delete	Mailing Address 115 LANCASTER PLACE SAINT AUGUSTINE FL 32090 Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING I City & State 4. FEI Number 59-373 1659 Country Zip Country 5. Certificate of Status Desired 5	Malling Address 115 LANCASTER PLACE SUBJECT AND ADDITIONS /CHANGES Business 3. Mailing Address Suite, Apt. #, etc.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATE