

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90399 007 ***150.00

DOCUMENT # L01000013280

1. Entity Name

Jet Support, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8545 N.W. 49th Avenue

Suite, Apt. #, etc.

3. Mailing Address

9990 SW 77 Avenue

Suite, Apt. #, etc.

Suite 330

City & State

Medley, Florida

City & State

Miami, FL

4. FEI Number

65-1152373

Applied For

Not Applicable

Zip

33166

Country

US

Zip

33156

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John A. Margolis

Street Address (P.O. Box Number is Not Acceptable)

9990 SW 77 Avenue

Suite 330

City

Miami

FL

Zip Code

33156

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Millon, Ernesto
8545 N.W. 79th Avenue
Medley, FL 33166

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CR2E083B (12/01)

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:

Ernesto Millon

6/3/02 305-887-6778

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

Date

Daytime Phone #