

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000017384

DOCUMENT # L01000017384

1. Entity Name

AVION AIRCRAFT MAINTENANCE, L.L.C.

FILED

02 APR 29 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2841 Flightline Avenue

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Same

4. FEI Number

286-44-3810

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

N. Dwayne Gray, Jr.

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

Greenspoon, Marder, et. al.

135 W. Central Blvd., Suite 1100

City

Orlando

FL

Zip Code

32801

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

8000005369908--0

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Schlater 615 Copeland Mill Road Westerville, Ohio 43081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR N. Dwayne Gray, Jr. 135 W. Central Blvd., Suite 1100 Orlando, Florida 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02

Date

Daytime Phone #

CR2E083B (12/01)

L010000017384



ACCOUNT NO. : 072100000032

REFERENCE : 553444

5011958

Patricia Pizot

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : April 29, 2002

ORDER TIME : 11:54 AM

ORDER NO. : 553444-150

CUSTOMER NO: 5011958

CUSTOMER: Anne Winsor, Legal Assistant
Greenspoon Marder Hirschfeld
135 West Central Blvd Ste 1100
South Trust Bank Building
Orlando, FL 32801

FILED
02 APR 29 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AVION AIRCRAFT MAINTENANCE,
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
CONTACT PERSON: Janna Wilson-EXT#1155

BK

02 APR 29 PM 12:56

EXAMINER'S INITIALS: _____

RECEIVED