

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90039 005 \*\*\*\*50.00

DOCUMENT # **LO1000018855**

1. Entity Name

**FAA, LLC**

**DO NOT WRITE IN THIS SPACE**

**20006628**

2. Principal Place of Business  
**1705 Vega Ave.**

3. Mailing Address  
**1705 Vega Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Merritt Island, Florida**

City & State  
**Merritt Island, Florida**

Zip  
**32953**

Country  
**USA**

Zip  
**32953**

Country  
**USA**

4. FEI Number  
**59-3753794**

Applied For

Not Applicable

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  
**AJA REGISTERED AGENT, INC.**

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

**25 S.E. 2ND AVENUE SUITE 1036**

City  
**MIAMI**

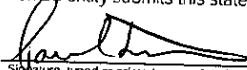
FL

Zip Code

**33131**

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



**PAUL SMITH, Vice President**

**1-8-03**

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  
**President  
Dennis Foldesi  
1705 Vega Ave, Merritt Island, Florida 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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:



**Dennis Foldesi, President**

**12/31/02**

**321-459-0515**

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

Date

Daytime Phone #

CR2E083B (12/01)