

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90025 037 ***138.75

DOCUMENT # L01000020093 1. Entity Name REDHORN AVIATION, L.L.C.					
Principal Place of Business 1101 BRICKELL AVE SUITE 800 N MIAMI, FL 33121			Mailing Address 1101 BRICKELL AVE SUITE 800 N MIAMI, FL 33121		
2. Principal Place of Business - No P.O. Box # 169 E FLAGLER ST.		3. Mailing Address 169 E FLAGLER ST.			
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33131		Country		Zip 33131	
Country		4. FEI Number 65-1154356			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KWAL, RICHARD M C/O KWAL & OLIVIA CPAS 1101 BRICKELL AVE., STE. 800 N MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST. SUITE 800 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTA, L.L.C. 1101 BRICKELL AVE., STE. 800 N MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BROWARD GROUP, L.L.C. 4839 SW 148 AVENUE, SUITE 458 DAVIE, FL 33330	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BROWARD GROUP, L.L.C. 4839 SW 148 AVENUE, SUITE 458 DAVIE, FL 33330	☐ Delete			
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 606, Florida Statutes.					
SIGNATURE: _____ Feb 8 2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					