

FILED  
Jun 19, 2003 8:00 am  
Secretary of State

4/

04-25-2003 90761 034 \*\*\*\*50.00

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

DOCUMENT # LC2000000934  
1. Entity Name  
All for Pilots . LLC



**DO NOT WRITE IN THIS SPACE**

**44004662**

2. Principal Place of Business  
3800 Southern Blvd  
City & State  
West Palm Beach  
Zip  
FL  
Country  
USA

3. Mailing Address  
6941 SAND HILLS CIRCLE  
Suite, Apt. #, etc.  
108  
City & State  
Lake Worth FL  
Zip  
33463  
Country  
USA

DO NOT WRITE IN THIS SPACE  
4. FEI Number  
011570498  
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  
Lawrence H. Dejeu Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
270 S County Road  
City  
Palm Beach FL Zip Code  
33460

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 [Signature] DATE 11/21/02

FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

| TITLE | NAME                | STREET ADDRESS                | CITY - ST - ZIP            |
|-------|---------------------|-------------------------------|----------------------------|
|       | <u>Jeff Coursey</u> | <u>6941 SAND HILLS CIRCLE</u> | <u>Lake Worth FL 33463</u> |
|       |                     |                               |                            |
|       |                     |                               |                            |
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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)(f), 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 609, Florida Statutes.

SIGNATURE: [Signature] DATE 15 June 03 DAYTIME PHONE # 561-626-5970