

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007078

1. Entity Name
PRO-FLITE AVIATION SALES, L.L.C.



Principal Place of Business

**1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714**



07022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0588351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMANSKI, TOM
1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME EMANSKI, TOM
STREET ADDRESS 1055 KENSINGTON PARK DRIVE, #411
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE MGRM
NAME VIVONA, RUDY
STREET ADDRESS PO BOX 4958
CITY-ST-ZIP WINTER PARK, FL 32793

TITLE MGRM
NAME CAMPBELL, BRUCE
STREET ADDRESS PO BOX 149284
CITY-ST-ZIP ORLANDO, FL 32814

TITLE MGRM
NAME FRITZ, JERRY
STREET ADDRESS 719 FOX VALLEY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGRM
NAME MCCORKLE AVIATION CO., INC.
STREET ADDRESS 1991 SUMMIT PARK DRIVE, #1000
CITY-ST-ZIP ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000163911
07/07/04-80023-011 50.00

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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 608, Florida Statutes.

SIGNATURE:

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

TOM EMANSKI

7-2-04

407-925-7969

Date

Daytime Phone #