2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L 02000000470

FILED
May 02, 2003 8:00 am
Secretary of State

1. Entity Name AERO TECHNOLOGIES, LLC								05-02-2003 90579 019 ****50.00				
Principal Plac												
2200 N.W. 84TH MIAMI FL 3317	H AVE.		Mailing Address 2200 N.W. 84TH AVE. MIAMI FL 33178									
	NW 8	ness 4th Ave.	3. Mailing Address 2200 NW 84 th Ave Suite, Apt. #, etc.									
Suite, Apt.	. #, etc.	•	Suite, Apt. #, etc.					CHECK HEF	E IF MAKIN	G CHANGES		
City & Stat	MI,	FL	City & State MIAMI				- 087900					
331	22	Country	33122	Coun	try		5. Certificate	e of Status Desired	, .	DA 00,5\$ Fee Require	ditional d	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
BROADMEADOW, EDWARD T 55 ALHAMBRA PLAZA, STE. 600 CORAL GABLES FL 33134						Name EDWARD T. BROADMENDOW Street Address (P.O. Box Number is Not Acceptable) 2200 NW 84 Hg AVE.						
				City	City MIAMI			FL Zip Code 3.3/22				
8. The above the obligat	tions of regist	y submits this statement for ered agent. 	r the purpose of changing it And title if applicable. (NO	Quar.	27. 6	roa de	ed agent, or bo			familiar with,	and accept	
<u>.</u>			Make Check Payat Du	le to Fl	FEE IS \$ orida De ay 1, 200	partmen	t of State				}	
9		MANAGING MEMBE		10.		100.6	0 00 0	ADDITION	S/CHANGE			
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			220		1E VE DO 84th Ave 33122		☐ Change	Maddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.			☐ Delete		E Et address	2200	ENE P	33122 CONESE 4th Aug		☐ Change	Addition	
TITLE NAME STREET ADDRESS		The Action of The Control of the Con	☐ Delete	TITLI		MGR	TONY L.	<u> 33122</u> SALLMELL IH AVE	<u> </u>	☐ Change	Addition	
CITY-ST-ZIP					- ST- ZIP	MIA		. 33122				
NAME STREET ADDRESS CITY-ST-ZIP	7	•	☐ Delete			2200	R MET	26ER 1+4 AVE. 23122	•	☐ Change	Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	- 2	E Et address	MGR EDW 2200	, CFO IARD T. NOW 80	BROTOME,	7000	☐ Change	Addition	
CITY-ST-ZIP	<u> </u>		this filing does not qualify fo		-ST-ZIP			33122				

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

(305) 436-5464