

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010508

1. Entity Name
COMMERCE AVIATION, LLC



Principal Place of Business
**1330 LEATHERMAN LANE
ROBINSONVILLE, MS 38664 US**

Mailing Address
**1330 LEATHERMAN LANE
ROBINSONVILLE, MS 38664 US**

DO NOT WRITE IN THIS SPACE



02242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR.
2598 L'ERMITAGE LANE
NAPLES, FL 34105**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
LEATHERMAN, R.M.
1330 LEATHERMAN LANE, PO BOX 190
ROBINSONVILLE, MS 38664**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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U00000071499
03/01/04-80073-016 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)(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: *R.M. Leatherman* **R.M. LEATHERMAN** *Feb 24, 2004 (662) 363-2344*

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

Date

Daytime Phone #