## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000012629 1. Entity Name

LUCKY AERO, LLC



## Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90043 026 \*\*\*\*50.00

SUITE 1125 MANUEL 13334  2. Principal Place of Business  3. Masking Address  Suite, Apt. #. etc.  City & State  Ci						1								
SUITE 175   Mark PL 1954   Mark PL 1954   Mark PL 1954	Principal Plac	ce of Business		Mailing Address	•	<u> </u>								
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SIF, EVAN D 2800 PONCE DE LEON BLVD. SUITE '1125 CORAL GABLES FI, 33194  2. City  FL  Zip Code  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 in a colligistoris of registered agent.  SIGNATURE  SIGNATURE  TILE  MARKE Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS /MANAGERS  TILE  MARKE TADRESS  CITY-51-2P  TILE  MARKE  Delete  TILE  MARKE  SIRET ADRESS  CITY-51-2P  TILE  MARKE  Delete  TILE  MARKE  SIRET ADRESS  CITY-51-2P  TILE  MARKE  Delete  TILE  MARKE  Delete  TILE  MARKE  SIRET ADRESS  CITY-51-2P  TILE  MARKE  Delete  TILE  MARKE  Delete  TILE  MARKE  SIRET ADRESS  CITY-51-2P  TILE	Zip Country			Zip	ntrv			ate of Status Desired   \$			\$5.00 Ac	5.00 Additional		
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2000 PONCE DE LEON BLYD. SUITE 1125 COPAL GABLES FI. 33134  City FL Zip Code  City FL Xip Code  City F						Name		7. Humo ui	id Addition O	HOW HOS	nstered /	-gent		
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B. 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		INE CADLLO I L	. 30104		·	0:	•			***		<del></del>		
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Spreadure, typed or printed name of registered agent aspert and price depend agent agent aspert and resoluting)    Signature, typed or printed name of registered agent agent aspert and resoluting agent ag	8. The above the obligat	named entity su tions of registered	omits this statement for agent.	r the purpose of changing its	register	ed office or	registere	d agent, or b	oth, in the Sta	te of Florid	la. I am f	amiliar with	and accept	
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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 true e 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) 769-1110