

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Sep 13, 2004 8:00 am
Secretary of State

08-24-2004 90047 047 ****50.00

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DOCUMENT # L02000017543
 1. Entity Name
APPLE AVIATION SERVICES, LLC



| | |
|---|---|
| Principal Place of Business 14925 GALLEON CT. PLYMOUTH, MI 48170 US | Mailing Address 14925 GALLEON CT. PLYMOUTH, MI 48170 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07132004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| A. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| B. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
MEINERS, LOUIS M JR
 2598 L'ERMITAGE LANE
 NAPLES, FL 34105

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EMMETT, DAVID C 14925 GALLEON CT. PLYMOUTH, MI 48170 |
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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: *David C. Emmett* - **DAVID C. EMMETT** 9/9/2004 734-637-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE City Daytime Phone #