


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 029 ****50.00

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

Principal Place of Business 15090 BECK ROAD SUITE 250 PLYMOUTH, MI 48170 US	Mailing Address 15090 BECK ROAD SUITE 250 PLYMOUTH, MI 48170 US
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60052206



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07052007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMMETT, DAVID C <input checked="" type="checkbox"/> Delete 14925 GALLEON CT. PLYMOUTH, MI 48170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMMETT, MARY A <input type="checkbox"/> Delete 15090 N. BECK ROAD, SUITE 250 PLYMOUTH, MI 48170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gregory Barber, CPA, Authorized Rep Date: 7/6/07 Daytime Phone #: (334) 927-0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE