

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025283

Entity Name: SHIEL AVIATION, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6900 SE GOLFHOUSE ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

6900 SE GOLFHOUSE DRIVE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

6900 SE GOLFHOUSE ROAD  
HOBE SOUND, FL 33455

**New Mailing Address:**

6900 SE GOLFHOUSE DRIVE  
HOBE SOUND, FL 33455

FEI Number: 56-2295555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHIEL, HELEN M  
Address: 6900 SE GOLFHOUSE DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: T  
Name: SMITH, THOMAS A  
Address: 96 NE 4TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: HELEN M SHIEL

MGRM

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date