

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-16-2004 90163 044 ****50.00

DOCUMENT # L02000025520	
1. Entity Name N177CS, LLC	

Principal Place of Business 10 NW LEJEUNE ROAD STE. 600 MIAMI, FL 33126	Mailing Address 10 NW LEJEUNE ROAD STE. 600 MIAMI, FL 33126
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34000784



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-207689	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARAZOZA & FERNANDEZ FRAGA, P.A. 2100 SALZEDO STREET STE. 300 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CMS AIRCRAFT HOLDINGS, LLC 10 NW LEJEUNE ROAD STE. 600 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		