


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000028808</b> 1. Entity Name <b>CAREFREE AVIATION, LLC</b>	
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Principal Place of Business <b>1031 5TH STREET MIAMI BEACH FL 33139</b>	Mailing Address <b>1031 5TH STREET MIAMI BEACH FL 33139</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State *	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>

**\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MAROTTA, GARY 1031 5TH STREET MIAMI BEACH FL 33139</b>	<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City
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**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.

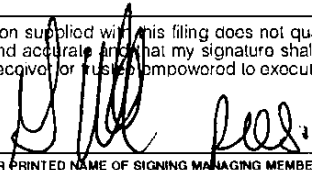
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>MAROTTA, GARY</b>	TITLE 	NAME 
STREET ADDRESS <b>1031 5TH STREET</b>	CITY-STATE-ZIP <b>MIAMI BEACH FL 33139</b>	STREET ADDRESS 	CITY-STATE-ZIP 
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

U00000624405  
02/14/07-80029-011 450.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_