

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90040 005 ****50.00

DOCUMENT # L02000031454

1. Entity Name

ATLANTIC COAST AIRCRAFT STORAGE LLC



Principal Place of Business

**7401 AIRPORT RD.
HOLLYWOOD FL 33023**

Mailing Address

**7401 AIRPORT RD.
HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

P.O. Box 848188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

33084

Country

USA

4. FEI Number

55-0809136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUTLER, ALICE U
180 SW 125TH AVE.
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7401 South Airport Rd

City

Hollywood

FL

Zip Code

33023

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

Alice U. Butler
Signature, typed or printed name of registered agent and title if applicable.

ALICE U. BUTLER

(NOTE: Registered Agent signature required when reinstating)

04-05-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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 checked="" type="checkbox"/> Addition
MGR	ALICE U. BUTLER	7401 S. AIRPORT ROAD	Hollywood, FL 33023		
MGR	DAVID CLARK	7401 S. AIRPORT RD.	Hollywood, FL 33023		

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 Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-05-03

Date

9549814000

Daytime Phone #

CR2E083 (10/02)