2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State
08-29-2007 90039 029 ****50.00

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1. Entity Name
WALDO WRIGHT'S FLYING SERVICE, LLC

60055260

08232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2058 BARFIELD POLK CITY, FL 33868	2058 BARFIELD POLK CITY, FL 33868

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 BROADWAY BLVD. SE	1501 GRASSLANDS BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 28
City & State: POLK CITY, FL.	City & State: LAKELAND, FL.
Zip: 33868 Country: U.S.A.	Zip: 33803 Country: U.S.A

4. FEI Number: 13-4226043 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT ALAN LOCK 2058 BARFIELD RD POLK CITY, FL 33868	Name: ROBERT ALAN LOCK Street Address (P.O. Box Number is Not Acceptable): 1501 GRASSLANDS BLVD #28 City: LAKELAND FL Zip Code: 33803

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: Robert A. Lock — 8/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☒ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	LOCK, ROBERT	NAME	LOCK, ROBERT
STREET ADDRESS	286 AUDUBON OAKS, #3-106	STREET ADDRESS	1501 GRASSLANDS BLVD #28
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert A. Lock — 8/23/07 — 863 899-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #