

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90088 012 ****50.00

DOCUMENT # L02000033654

1. Entity Name

BLUE SKY AVIATION LLC



DO NOT WRITE IN THIS SPACE

10104160

2. Principal Place of Business

417 Fifth Ave

Suite, Apt. #, etc.

9th Floor

City & State

New York NY

Zip

10016

Country

USA

3. Mailing Address

417 Fifth Avenue

Suite, Apt. #, etc.

9th Floor

City & State

New York NY

Zip

10016

Country

USA

4. FEI Number

22-3886178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTHONY JOHNS

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

110 MAYORCA CT

City

ROYAL PALM BEACH

FL

Zip Code
33411

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

Signature, typed or printed name of registered agent and title if applicable

DATE

5/7/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JIG CAYRE 417 5th AVE NY, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACK CAYRE 417 5th AVE NY NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MICHAEL CAYRE 417 5th AVE NY NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVEN CAYRE - TRUST 417 5th AVE NY NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DANIEL CAYRE - TRUST 417 5th AVE NY NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRACE CAYRE - TRUST 417 5th AVE NY NY 10016

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:

Mark Kamm (Mark Kamm)

4/25/03

212 726 0773

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

Date

Daytime Phone #

CR2E083B (12/02)

Attachment 10104160

#L02000033654

Title	Mgr
Name	Anthony Johns
Street Address	110 Mayorca Ct
City, State, Zip	Royal Palm Beach, Fl 33411