

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90284 029 ****50.00

DOCUMENT # L02000034258

1. Entity Name

AIRCRAFT SPARES INTERNATIONAL, LLC



Principal Place of Business

19180 SKYRIDGE CIRCLE
BOCA RATON FL 33498

Mailing Address

P.O. BOX 970940
BOCA RATON FL 33497-0940

24014372



MOORE CR2E083 (11/03)

2. Principal Place of Business

22261 S.W. 66TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

UNIT 1704

City & State

BOCA RATON, FL

4. FEI Number

13-4227884

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, DENNIS C
19180 SKYRIDGE CIRCLE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name HARPER, DENNIS C.

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

22261 S.W. 66TH AVE.

UNIT 1704

City BOCA RATON

FL

Zip Code

33428

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

Dennis C. Harper (DENNIS C. HARPER) MANAGING MEMBER

2/6/04

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HARPER, DENNIS C
STREET ADDRESS PO BOX 970940
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 22261 S.W. 66TH AVE, UNIT 1704
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Dennis C. Harper (DENNIS C. HARPER) MANAGING MEMBER

Date

2/6/04

Daytime Phone #

954-224-2148

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