



FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000000421				Secretary of S											
1. Entity Name SLS AVIATION, L.L.C															
Principal Place of Business 12901 GOLF COURSE ROAD PARRISH, FL 34219		Mailing Address 12901 GOLF COURSE ROAD PARRISH, FL 34219													
DO NOT WRITE IN THIS SPACE															
				01042008No Chg-LLC CR2E083 (12/07)											
				4. FEI Number 20-0577878											
				Applied For Not Applicable											
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required											
6. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE											
KAKLIS, WILLIAM ESQ. 1400 4TH AVENUE WEST BRADENTON, FL 34205															
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 reinstating) DATE _____															
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75															
9. MANAGING MEMBERS/MANAGERS				U00000774520 01/07/08-80018-003 138.75											
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGRM SARASOTA LAND SERVICES, INC. 4906 SR 46 EAST BRADENTON, FL 34208</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARASOTA LAND SERVICES, INC. 4906 SR 46 EAST BRADENTON, FL 34208	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	
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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: <u>Wayne Underhill</u> <u>Wayne Underhill</u> <u>1-4-08</u> <u>941-744-0211</u>															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #															