

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 045 ****50.00

DOCUMENT # L03000003535

1. Entity Name
RJM AERO LLC



Principal Place of Business
2313 ROAT DRIVE
ORLANDO, FL 32835

Mailing Address
2313 ROAT DRIVE
ORLANDO, FL 32835

60013030



2. Principal Place of Business - No P.O. Box #
8136 BRIDGEPORT BAY CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
8136 BRIDGEPORT BAY CIRCLE
Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State
MT. DORA FLORIDA

City & State
MT. DORA FLORIDA

4. FEI Number
33-0204657

Applied For
Not Applicable

Zip
32757

Country
U.S.A

Zip
32757

Country
U.S.A

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

6. Name and Address of Current Registered Agent

MOCNY, RALPH J
2313 ROAT DRIVE
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name
MOCNY RALPH J
Street Address (P.O. Box Number is Not Acceptable)
8136 BRIDGEPORT BAY CIRCLE
City
MT. DORA FL Zip Code
32757

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOCNY, RALPH J
2313 ROAT DRIVE
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
MOCNY RALPH J
8136 BRIDGEPORT BAY CIRCLE
MT. DORA FL. 32757 ☒ Change ☐ Addition

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

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

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

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

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

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: **RALPH J MOCNY** *Ralph J MOCNY* 2/2/07 352-357 4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #