




2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000005450 1. Entity Name A & C AVIATION SERVICES, LLC			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2008 AUG -5 P 2:38</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 
Principal Place of Business 740 AIRPORT ROAD ORMOND BEACH, FL 32174		Mailing Address 740 AIRPORT ROAD ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1 Creek Bend Way Suite, Apt. #, etc.	
City & State		City & State Ormond Beach FL	
Zip 32174		Country	
4. FEI Number 05-0562427		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKIN, MARSHALL H 149 S. RIDGEWOOD AVENUE, SUITE 710 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 149 S. Ridgewood Avenue, Suite 210 City Daytona Beach FL Zip Code 32114	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME CONTE, ANTHONY S STREET ADDRESS 430 JOHN ANDERSON DRIVE CITY - ST - ZIP ORMOND BEACH, FL 32176	TITLE MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WEITE, JAMES E. STREET ADDRESS 1 Creek Bend Way CITY - ST - ZIP Ormond Beach FL 32174	TITLE MGRM <input type="checkbox"/> Delete NAME ARRANTS, JACK C STREET ADDRESS 311 JOHN ANDERSON DRIVE CITY - ST - ZIP ORMOND BEACH, FL 32176	STREET ADDRESS 900133410539 CITY - ST - ZIP 07/24/08--01050--007 **377.50
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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: 		Date 7/18/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

REINSTATEMENT 07-08

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