

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012517

Entity Name: J&B FLYING SERVICES LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

1005 PINE BRANCH DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1005 PINE BRANCH DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-0005893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FACENTE, JAMES
1005 PINE BRANCH DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CABRERA, GUILLERMO
Address: 2440 SW 115 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: MGR () Delete
Name: JAYME KEMP FACENTE R, EVOCABLE TRUST
Address: 1005 PINE BRANCH DRIVE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: FACENTE, JAMES T
Address: 1005 PINE BRANCH DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABRERA, GUILLERMO
Address: 12900 S W 15TH STREET
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAYME KEMP FACENTE

MGR

02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date