## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 09, 2004 8:00 am Secretary of State 03-29-2004 90556 034 \*\*\*\*50.00

. Eraity Name AEROSERVICE HOLDINGS, LLC	53/1		
vincipal Place of Business 1814 CURTISS PKWY VIRGINIA GARDENS, FL 33166	Mailing Address 3814 CURTISS PKWY VIRGINIA GARDENS, FL	33166	34003051
Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172004 Chg-LLC CR2E083 (10/03)
City & State	City & State		4. FEI Number  4. FEI Number  4. Applied For Not Applicable
Zip Country	Ζiρ	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ————————————————————————————————————		· _	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	it for the purpose of changing its	registered office or registe	ered egent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered a	gent and trie if applicable. (NOTE	E: Registered Agent signature requir	red when reinstating) OATE
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State
	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
	Manha 311	TITLE NAME STREET ADDRESS C CITY-ST-ZIP	Change Addition
ITLE IAME ITREET ADDRESS ATY-ST-ZIP	□ Delète.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TTLE MANIE STREET ADDRESS STY-ST-ZIP	Celets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE MAME STREET ADDRESS STY-ST-ZIP	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TILE VAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
itile Name Street address City-St-Zip	☐ Delete	TITLE  MAME  STREET ADORESS  CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the receiver or true SIGNATURE:	with this filing does not qualify to and that my signature shall have istee empowered to execute this	r the exemption stated in the same legal effect as if report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 808, Florida Statutes.  3/18/04  (+oscillation of the content of