## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

**DOCUMENT # L03000015371** 

AEROSERVICE HOLDINGS, LLC



**FILED** Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166 Mailing Address

3814 CURTISS PKWY

VIRGINIA GARDENS, FL 33166



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2014805 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131

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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, fyned or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA FORGIA, VITO 3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
THTLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

## DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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