

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028003

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** WILKES HELICOPTER SERVICES LLC

**Current Principal Place of Business:**

1588 PARK LANE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1588 PARK LANE  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

**FEI Number:** 20-0121291      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILKES, CLYDE H  
1588 PARK LANE  
FERNANDINA BEACH, FL 32034 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  
**Name:** WILKES, CLYDE H  
**Address:** 1588 PARK LANE  
**City-St-Zip:** FERNANDINA BEACH, FL 32034 US

**Title:** MGRM  
**Name:** WILKES, ELIZABETH G  
**Address:** 1588 PARK LANE  
**City-St-Zip:** FERNANDINA BEACH, FL 32034 US

I hereby 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:** ELIZABETH G. WILKES

MGRM

02/07/2012

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