

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90151 022 ****50.00

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1. Entity Name
LA LOMA AVIATION LLC



Principal Place of Business

22290 SW 162 AVE.
GOULDS, FL 33170

Mailing Address

22290 SW 162 AVE.
GOULDS, FL 33170

20006179



01212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1229374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO ST., STE. 300
CORAL GABLES, FL 33134

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SMITH, JOSE
STREET ADDRESS 22290 SW 162 AVE
CITY-ST-ZIP GOULDS, FL 33170

TITLE Mgr
NAME Costa, Jose A. III
STREET ADDRESS 22290 SW 162 Ave
CITY-ST-ZIP Goulds, FL 33170

TITLE Mgr
NAME Costa Smith, Maria
STREET ADDRESS 22290 SW 162 Ave
CITY-ST-ZIP Goulds, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jose A. Costa III

1/21/05 (305)247-3248

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

Date

Daytime Phone #