

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000037335

FILED
Jul 16, 2006
Secretary of State

Entity Name: AERONAUTICAL CONSULTING SERVICES, LLC

Current Principal Place of Business:

1020 HIDDEN HARBOUR DRIVE
E2
MELBOURNE, FL 32935

New Principal Place of Business:

4163 COLLINWOOD DRIVE
MELBOURNE, FL 32901

Current Mailing Address:

1020 HIDDEN HARBOUR DRIVE
E2
MELBOURNE, FL 32935

New Mailing Address:

4163 COLLINWOOD DRIVE
MELBOURNE, FL 32901

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLAGHER, FRANK M JR.
1020 HIDDEN HARBOUR DRIVE
E2
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

GALLAGHER, FRANK M JR.
4163 COLLINWOOD DRIVE
MELBOURNE, FL 32901 US

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: FRANK M. GALLAGHER JR.

07/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLAGHER, FRANK M JR.
Address: 1020 HIDDEN HARBOUR DRIVE, E2
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALLAGHER, FRANK M JR.
Address: 4163 COLLINWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32901

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: FRANK M GALLAGHER JR

MGR

07/16/2006

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