

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000039458

1. Entity Name

AIRWAY MAINTENANCE LLC



FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 13



MOORE

CR2E083 (4/04)

12/13

Principal Place of Business

15 CLINTON AVENUE
ROCKVILLE CENTRE NY 11570
US

Mailing Address

15 CLINTON AVENUE
ROCKVILLE CENTRE NY 11570
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied for
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPHILLIPS, ALFRED
1000 PBIA
PALM BEACH INTERNATIONAL AIRPORT
WEST PALM BEACH FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DEPHILLIPS, CATHERINE
STREET ADDRESS 15 CLINTON AVENUE
CITY- ST- ZIP ROCKVILLE CENTRE NY 11570

TITLE ☐ Change ☐ Addition
NAME 500042158235
STREET ADDRESS 10/25/04--01063--005 **50.00
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME CATANESE, KATHLEEN
STREET ADDRESS 15 CLINTON AVENUE
CITY- ST- ZIP ROCKVILLE CENTRE NY 11570

TITLE ☐ Change ☐ Addition
NAME 500042158235
STREET ADDRESS 12/13/04--01059--008 **100.00
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME CATANESE, ERNEST
STREET ADDRESS 15 CLINTON AVENUE
CITY- ST- ZIP ROCKVILLE CENTRE NY 11570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME CATANESE, FREDERICK
STREET ADDRESS 15 CLINTON AVENUE
CITY- ST- ZIP ROCKVILLE CENTRE NY 11570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

Date

Daytime Phone #

REINSTATEMENT

2004

10/13/04