


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90137 016 ***138.75

DOCUMENT # L03000041259			
1. Entity Name DIXIE JET AND ROTOR SERVICE L.L.C.			
Principal Place of Business 3023 FLIGHTLINE DR. LAKELAND, FL 33811		Mailing Address 3023 FLIGHTLINE DR. LAKELAND, FL 33811	
2. Principal Place of Business - No P.O. Box # 3770 AIRFIELD DR W		3. Mailing Address 3770 AIRFIELD DR W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33811	Country U.S.	Zip 33811	Country U.S.
6. Name and Address of Current Registered Agent BRADBURY, WAYNE 3023 FLIGHTLINE DR. LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name WAYNE BRADBURY Street Address (P.O. Box Number is Not Acceptable) 3770 AIRFIELD DR W City LAKELAND FL Zip Code 33811	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____		DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRADBURY, WAYNE 3023 FLIGHTLINE DR. LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3770 AIRFIELD DR W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1/8/08 863-644-1357 <small>Date Daytime Phone #</small>	