

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90226 031 ****50.00

DOCUMENT # L03000046675

1. Entity Name
EASY FLIGHT, L.L.C.



Principal Place of Business
**12448 S.W. 127TH AVE.
MIAMI, FL 33186**

Mailing Address
**12448 S.W. 127TH AVE.
MIAMI, FL 33186**

24019470



2. Principal Place of Business
12444 S.W. 127TH AVE

3. Mailing Address
12444 S.W. 127TH AVE.

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.
2ND FLOOR

City & State
Miami FL

City & State
Miami FL

01292004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0434794

Applied For
Not Applicable

Zip
33186 Country
USA

Zip
33186 Country
USA

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

6- Name and Address of Current Registered Agent

**KUPFER, PAUL H
1700 UNIVERSITY DR, STE 110
CORAL SPRINGS, FL 33071**

Name

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

City

FL

Zip Code

7- Name and Address of New Registered Agent

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARCIA, CARLOS M
12448 S.W. 127TH AVE.
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12444 S.W. 127TH AVENUE.
Miami, FL. 33186.** ☐ Change ☐ Addition

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

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☐ Change ☐ Addition

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 #

CARLOS M. GARCIA Mgr.

**305-251-4119
1/04**