

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90021 039 ****50.00

DOCUMENT # L03000054387



1. Entity Name
AIRCRAFT ENGINEERING AND FABRICATION, LLC

Principal Place of Business
**1501 AIRWAY CIRCLE, BLDG. D
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1501 AIRWAY CIRCLE, BLDG. D
NEW SMYRNA BEACH, FL 32168**

60041712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-0792367

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RAHM, JEFFREY A
1501 AIRWAY CIRCLE, BLDG. D
NEW SMYRNA BEACH, FL 32168**

Name
Robert Dean Carlson
Street Address (P.O., Box Number is Not Acceptable)
3 Sunshine Blvd.
Ormond Beach
City
FL Zip Code
32174

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 **Robert Dean Carlson**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

04-20-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **RAHM, JEFFREY A**
CITY-ST-ZIP **1791 ARASH CIR.
PORT ORANGE, FL 32128**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **CEO** ☐ Change ☒ Addition
STREET ADDRESS **Robert Dean Carlson**
CITY-ST-ZIP **3 Sunshine Blvd.
Ormond Beach, FL 32174**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-20-07 386-426-7795
Date Daytime Phone #