

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002087

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** FERREA AEROSPACE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1340 SOUTH OCEAN BOULEVARD  
SUITE 609  
POMPANO BEACH, FL 330626905

**New Principal Place of Business:**

**Current Mailing Address:**

1340 SOUTH OCEAN BOULEVARD  
SUITE 609  
POMPANO BEACH, FL 330626905

**New Mailing Address:**

**FEI Number:** 05-0595264      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

FERREA, JAVIER D  
1340 SOUTH OCEAN BOULEVARD  
SUITE 609  
POMPANO BEACH, FL 330626905 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FERREA, JAVIER D MR  
Address: 1340 SOUTH OCEAN BLVD, STE 609  
City-St-Zip: POMPANO BEACH, FL 330626905 US

Title: MGRM ( ) Delete  
Name: FERREA, HORACIO O MR  
Address: 5320 NORTHEAST 17TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 333345833 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HORACIO FERREA

MGRM

01/15/2009

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