

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90104 049 ****50.00

DOCUMENT # L04000016938

1. Entity Name
AEROSOFT PMI SYSTEMS LLC



Principal Place of Business
3450 LAKESIDE DRIVE
SUITE 350
MIRAMAR, FL 33027 OC

Mailing Address
3450 LAKESIDE DRIVE
SUITE 350
MIRAMAR, FL 33027 OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
... SUITE 330

Suite, Apt. #, etc.
... SUITE 330

City & State

City & State

03172006 Chg-LLC CR2E083 (11/05)

Zip Country

Zip Country

4. FEI Number
98-0419699

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

KAPONERIDIS, THANOS
3450 LAKESIDE DRIVE, SUITE 350
MIRAMAR, FL 33027

Name

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

... SUITE 330

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AEROSOFT PMI SYSTEMS, INC
3450 LAKESIDE DRIVE, SUITE 350
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
... SUITE 330 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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

Date

Daytime Phone #

THANOS KAPONERIDIS JUNE 28/06 905-678-9564