

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 014 ****50.00

DOCUMENT # L04000016938

1. Entity Name
AEROSOFT PMI SYSTEMS LLC



Principal Place of Business
3450 LAKESIDE DRIVE
SUITE 330
MIRAMAR, FL 33027 OC

Mailing Address
3450 LAKESIDE DRIVE
SUITE 330
MIRAMAR, FL 33027 OC

40075031



2. Principal Place of Business - No P.O. Box #
1560 SAWGRASS CORP PKWY

3. Mailing Address
5945 AIRPORT RD.

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 254

04162007 Chg-LLC CR2E083 (12/06)

City & State
SUNRISE FL

City & State
MISSISSAUGA, ONTARIO

4. FEI Number
98-0419699

Applied For
Not Applicable

Zip Country
33323 US

Zip Country
L4V 1R9 CANADA

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 330
MIRAMAR, FL 33027

Name
THANOS KAPONERIDIS
Street Address (P.O. Box Number is Not Acceptable)
1560 SAWGRASS CORPORATE PKWY
SUITE 400
City
SUNRISE FL Zip Code
33323

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]* THANOS KAPONERIDIS APRIL 16, 2007
(NOTE: Registered Agent signature required when reinstating)

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
STREET ADDRESS
CITY - ST - ZIP
MGRM
AEROSOFT PMI SYSTEMS, INC
3450 LAKESIDE DRIVE, STE 330
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1560 SAWGRASS CORP. PKWY. STE 400
SUNRISE, FL, 33323 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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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: *[Signature]* THANOS KAPONERIDIS APRIL 16, 2007 905-678-9564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 4102