2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

TITLE

NAME

ary -51-22

STREET ADDRESS CITY-ST-ZP

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DOCUMENT # L04000017523 1. Entity Name
GS AVIATION & INVESTMENT, LLC

TITLE NALE

STREET ACCORESS

CITY-SI-ZP_ TITLE __

STREET ADDRESS CITY-ST-ZIP

NAME

CITY - ST- ZIP

May 02, 2005 8:00 am Secretary of State

03-30-2005 90163 043 ****50.00

Principal Place of Business			Mailing Address					30005247					
7081 WINWARD STREET			7081 WINWARD STREET							JU	יטטו	582.	
PORT ST. 10E, FL 32456 US			PORT ST. IOE, FL 32456 US										
2. Principal Place of Business			3. Mailing Address										
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Suito. Apt. #, etc.			Suite, Apt. *, etc.				ļ	02162005	Chg-LLC		CR2EC	083 (10/03)	
City & State			City & State					4. FEI North	- 20	441	740	<i>,</i> ——	oplied For
								7) ~ Wot Applica					
Zip	Zip Country ¬			- Zip Country _				5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address	egistered Agent					7. Name and Address of New Registered Agent						
		_			Name								
SETTLE, GARY S						Street Address (P.O. Box Number is Not Acceptable)							
7081 WINWARD STREET PORT ST. JOE, FL 32456													
r Gitt Gr.	302, 12 02-00												
	•						FL Zip Code						 _
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	named entity submits this s tions of registered agent.	tatement for t	ihe purposa	of changing its	registere	ad bilice or	te Brassete	id agent, or boti), in the State	of Floria	a. Ian	familiar with,	and accept
_				• • •			-						
SIGNATURE	Signature, typed or printed name of re	guered agent an	d tide if epolicabl	(HOT	E: Reguzare	J Agent mgratu	re required v	nen reinsbung)			DATE		
										-			
Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBER			RS/MANAGERS 10					Make check payable to Florida Department of State					
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						. ADDITIONS/CHANGES					 .	·· —	
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NAME	SETTLE, GARY S	•			MAJOR	i i							
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CITY -ST-ZIP	PORT ST. JOE, FL 32				_	-SI-DP							
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STREET ADDRESS					STRE	ET ADORESS							

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 each; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to except this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF ENGINENCY MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

Change

Addition

Addition