

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017968

1. Entity Name
CAM AVIATION SERVICES, LLC



Principal Place of Business
9840 AILERON AVE
HANGAR B
PENSACOLA, FL 32506

Mailing Address
7209 CLYDESDALE DR.
PENSACOLA, FL 32506



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0933425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN K
9840 AILERON AVE
HANGAR B
PENSACOLA, FL 32506

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IN THIS SPACE**

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 block to print name of registered agent and title if applicable

(NOTE: Registered Agent signature required with a notating)

DATE

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

1100000509629
04/28/06-80052-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
WILLIAMS, JOHN K
7209 CLYDESDALE DR.
PENSACOLA, FL 32506

TITLE
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CITY ST ZIP

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

DATE

PRINTED PHONE #