

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

DOCUMENT # L04000030455

1. Entity Name
SNOWSNAKE AVIATION, L.L.C.



Principal Place of Business
8494 NAVARRE PARKWAY
NAVARRE, FL 32566

Mailing Address
8494 NAVARRE PARKWAY
NAVARRE, FL 32566



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0864077

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOROWSKI, T.A. JR.
25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32502

**DO NOT WRITE
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, 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

1100000509125
04/29/06-80032-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PULLUM, WILLIAM A
25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOROWSKI, T.A. JR.
25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32502

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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 _____

4/7/06

William A. Pullum, Mgr. Member 850/939-2363

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

Date

Daytime Phone #