

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90034 024 \*\*\*\*50.00

DOCUMENT # L 040000 33707

1. Entity Name

ULTRAUGHT FLIGHTS, LLC



**DO NOT WRITE IN THIS SPACE**

**20019627**

2. Principal Place of Business

HAMPTON INN

3. Mailing Address

13531 S. Lamon

Suite, Apt. #, etc.

80001 OVERSEAS HWY

Suite, Apt. #, etc.

# 211

DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FL

City & State

CRESTWOOD, ILLINOIS

4. FEI Number

74-3120810

Applied For

Not Applicable

Zip

33036

Country

U.S.A.

Zip

60445

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA GESSEL, ESQ.

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

895

99530 OVERSEAS HWY, #2

City

KEY LARGO

FL

Zip Code

33037

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER</u> <u>GARY HEMPEL</u> <u>13531 S. Lamon # 211</u> <u>CRESTWOOD IL 60445</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gary Hempel - GARY HEMPEL

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

FEB 28, 2005 (708) 489-6641

Date

Daytime Phone #

CR2E083B (12/02)