

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043661

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** CAP AVIATION CONSULTING GROUP, LLC

**Current Principal Place of Business:**

4525 SOUTH ATLANTIC AVENUE, STE. 1606  
PONCE INLET, FL 321277059

**New Principal Place of Business:**

4525 SOUTH ATLANTIC AVENUE, STE.  
1606  
PONCE INLET, FL 321277059

**Current Mailing Address:**

4525 SOUTH ATLANTIC AVENUE, STE. 1606  
PONCE INLET, FL 321277059

**New Mailing Address:**

4525 SOUTH ATLANTIC AVENUE, STE.  
1606  
PONCE INLET, FL 321277059

FEI Number: 20-1242721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCARROLL, LARRY DOUGLAS  
4525 SOUTH ATLANTIC AVENUE, STE. 1606  
PONCE INLET, FL 321277059 US

**Name and Address of New Registered Agent:**

MCCARROLL, LARRY DOUGLAS, CEO  
4525 SOUTH ATLANTIC AVENUE, STE. 1606  
PONCE INLET, FL 321277059 US

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.

SIGNATURE: LARRY D MCCARROLL

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: MCCARROLL, LARRY D MGRM

Address: 4525 SOUTH ATLANTIC AVENUE, STE. 1606

City-St-Zip: PONCE INLET, FL 321277059

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY D MCCARROLL

CEO

01/04/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date