2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # L04000044287 1. Entity Name TRIM AIR CHARTER SERVICES, L.L.C.						05-01-2006 90054 018 ****50.00			
Principal Place	e of Business	Mailing Address							
1100 LEE WAGENER BLVD STE 327 FT. LAUDERDALE, FL 33315		P.O. BOX 22754 FT. Lauderdale, FL 33335							
FT. LAUDERD	MLE, FL 33313	FT. LAUDERDALE, FL 3.	3333		, IEBIIEA EII				
2. Principal Pl	lace of Business	3. Mailing Address							
		G. Mailing / localess			1 10 0110 11	EBLII BIBN BBIII BBIIL BA	133 HHIII HIHII BIR	 	
.Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numbe	г		Ap	plied For	
7-		7:-		41-214	0570			t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered A	gent	
LAW OFFICES OF MOULIS & ASSOCIATES			N	Name					
1100 LEE \	WAGENER BLVD.		S	Street Addre	ess (P.O. Box Numbe	r is Not Acceptab	le)		
320 FT. LAUDE	ERDALE, FL 33315								
		•	0	City	-		FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its r	registered o	office or regi	istered agent, or bot	h, in the State of F		amiliar with.	and accept
the obligati	ions of registered agent.		•	J	.			,	
SIGNATURE .	Signature, typed or printed name of registered agent ar	no tre il applicable. (NOTE:	- Basistavad Ana	en sinnature rec	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006			nagracies age	toru adi orono ted	fox on wiselite in primital		LIAIC		
			nogrado Age	,	for en when tensional)		ke check p	-	9
			10.		(Over a men (Enisonal))	Florid	ke check p	-	e
9. TITLE	MANAGING MEMBER				(or ear meet reasonably)	Florid	ke check p	-	e □ Addition
9. TITLE NAME	MANAGING MEMBER MGR HAZLEWOOD, WAYNE K	RS/MANAGERS	10. TITLE NAME		(or ear mean reasonably)	Florid	ke check p	ent of State	
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10.	ADDRESS	(or ear mean (ears)	Florid	ke check p	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR HAZLEWOOD, WAYNE K P.O. BOX 22754 FT. LAUDERDALE, FL 33335 MGR	RS/MANAGERS	10. TITLE NAME STREET AL	ADDRESS	(or extremely (engage)	Florid	ke check p	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR HAZLEWOOD, WAYNE K P.O. BOX 22754 FT. LAUDERDALE, FL 33335 MGR HAZLEWOOD, ALISON G	RS/MANAGERS	10. TITLE NAME STREET AL CITY-ST- TITLE NAME	ADDRESS -ZIP	(or ear mich (ears,dayly)	Florid	ke check p	Change	☐ Addition
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11. I hereby certify that the information sopplied 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 required by purpose of the required by Chapter 608. Florida Statutes.

SIGNATURE: ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE