

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 APR 23 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045000

1. Entity Name  
FERRELL HANGAR GROUP, LLC



Principal Place of Business  
201 S. BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI, FL 33131 US

Mailing Address  
201 S. BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI, FL 33131 US

BK

BK 04/24/07--01001--016 \*\*55.00  
100095517701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

04232007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-1968639

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

FERRELL GROUP CORPORATE SERVICES, L.L.C.  
201 S. BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI, FL 33131

Name

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

City

FL

Zip Code

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, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FERRELL, MILTON M JR.  
201 S BISCAYNE BOULEVARD 34TH FLOOR  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DA CASTIGLIONE, MAYRA C  
201 S BISCAYNE BOULEVARD 34TH FLOOR  
MIAMI, FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
DA CASTIGLIONE, MAYRA C  
201 S. Biscayne Blvd, 34th floor  
Miami, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Mayra C. Da Castiglione*

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

4/23/07

Date

305-371-8585

Daytime Phone #