


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 027 ***138.75

DOCUMENT # L04000045227	
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1. Entity Name
PROFESSIONAL AIR LEASING, LLC

Principal Place of Business
10 N.W. 42ND AVENUE
SUITE 700
MIAMI, FL 33126

Mailing Address
10 N.W. 42ND AVENUE
SUITE 700
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #
3630 SW 22ND ST.

3. Mailing Address
3630 SW 22ND ST.

Suite, Apt. #, etc.
SUITE 916

Suite, Apt. #, etc.
SUITE 916

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip **33146** Country **USA**

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03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **34-2001174** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MOURIZ, REINALDO J
10 N.W. 42ND AVENUE
SUITE 700
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name **MOURIZ, REINALDO J.**
Street Address (P.O. Box Number is Not Acceptable)
3630 SW 22ND ST. SUITE 916
City **MIAMI** FL Zip Code **33146**

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  DATE **04-09-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYSTONE HOLDINGS GROUP, LLC 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYSTONE HOLDINGS GROUP, LLC 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

04-09-08 **(305) 867-1577**
Date Daytime Phone #