

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048498

Entity Name: TICKET CHARTERS, LLC

FILED
Apr 06, 2008
Secretary of State

Current Principal Place of Business:

4440 JAMES RD.
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4440 JAMES RD
COCOA, FL 32926

New Mailing Address:

FEI Number: 20-1301829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUDA, EDWARD D
445 FOREST TRAIL
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DWYER, EDWARD J
Address: 4440 JAMES RD
City-St-Zip: COCOA, FL 32926

Title: MGR () Delete
Name: DWYER, CANDACE
Address: 4440 JAMES RD
City-St-Zip: COCOA, FL 32926

Title: MGRM () Delete
Name: DUDA, EDWARD D
Address: 445 FOREST TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: MILLER, GARY
Address: 6891 OLD CHURCH RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32403

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY MILLER

MGRM

04/06/2008

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