

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90196 045 \*\*\*\*50.00

DOCUMENT # L04000053510

1. Entity Name

TOTALFLIGHT, LLC DBA AIR DETAILS



Principal Place of Business

9222 SHENANDOAH RUN  
WESLEY CHAPEL FL 33544

Mailing Address

9222 SHENANDOAH RUN  
WESLEY CHAPEL FL 33544

2. Principal Place of Business

SAME  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

20-1450494

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

JOHN FENTON

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

9222 SHENANDOAH RUN

City

WESLEY CHAPEL

FL

Zip Code

33544

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

1/22/05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME FENTON, JOHN  
STREET ADDRESS 9222 SHENANDOAH RUN  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

☐ Delete

10. ADDITIONS/CHANGES

TITLE PRESIDENT  
NAME JOYCE M. FENTON  
STREET ADDRESS 9222 SHENANDOAH RUN  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

1/22/05 8136180191