

	}
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
7/15 MACh	
789, 907, 671 404-552	11
Office Use Only	



05/31/05--01048--005 **35.00



7030 South Yale, Suite 300 Tulsa, Oklahoma 74136 Tel: 918.493.2584 Fax: 918.493 1667

www.familywealthcounsel.com

May 26, 2005

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

Statement of Change of Registered Agent's Address for

Carbailo Aviation LLC

Dear Madam or Sir:

Enclosed please find an original Statement of Change of Registered Agent and/or Registered Office. Please file this document and return a "filed" copy to the undersigned at your earliest convenience. A prepaid self-addressed envelope is closed. Also enclosed is a check in the amount of \$35.00 for your fee.

Should you have any questions, please contact me.

Very truly yours,

FAMILY WEALTH COUNSEL PLC

Diane Byrom Legal Assistant

D. Ber

/db Enclosures



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 8, 2005

FAMILY WEALTH COUNSEL 7030 S YALE AVE STE 300 TULSA, OK 74136

SUBJECT: CARBALLO AVIATION LLC

Ref. Number: L04000055211

We have received your document for CARBALLO AVIATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 205A00040170

Marsha Thomas Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:		Carballo Aviation LLC			
2. The mailing address of	f the limited liability cor	npany is:	384 Eagle Drive, Jup	oiter, FL 33477	
July 26, 2004			L04000055211		
3. Date of filing/registration	Ž	4. Document number			
5. The name of the register Florida Department of			ddress as shown on the	records of the	
	384 Eagle Di	Name ri ve			
	Jupiter, Florid	Address da 33477			
	City, S	State and Zip		<u>2</u> .	
6. The name and address of	of the new registered age	ent and/or of	fice:		
	Bernard A. C	arballo			
	129 Commo	lame dore Drive		7	
•	Florida street address	(P.O. Box N	OT acceptable)	r _ , * +	
	Jupiter,	FL 334	177		
	City, Sta	ate and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her the member of the limited the operating agreement of the limited the operating agreement of the limited the operating agreement of the limited that the limited that the limited that the limited liability companies that the limited liability companies of the limited liability companies that the limited liability companies that the limited liability companies that the liability companies that th	iange or changes are ma	de, the Florid be identical change(s) was otherwise p mpany.	la street address of the i	registered office	
Bernard A. C	-	,			
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I amfamiliar with am Chapter 608, F.S. Or, if the address, Thereby confirm (Manature of Registered Agent)	ntment as registered age s of all statifies relative d accept the obligations his decument is being fil that the limited liability	ent and agree to the proper of my positic led to merely company ha	e to act in this capacity. cand complete perform on as registered agent a reflect a change in the s been notified in writir	I further agree to ance of my duties, is provided for in registered office ng of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00