

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L04000065042

1. Entity Name
KEYS AERONAUTICAL, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 10:37

Principal Place of Business
13615 SOUTH DIXIE HIGHWAY #114-514
ATTN: JEANETTE SHIRLEY
MIAMI, FL 33176

Mailing Address
13615 SOUTH DIXIE HIGHWAY #114-514
ATTN: JEANETTE SHIRLEY
MIAMI, FL 33176

qss

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5201 SW 145 Ave
Suite, Apt. #, etc.

01142005 Chg-LLC CR2E083 (10/03)

City & State
Davie FL

4. FEI Number
Applied For
Not Applicable

Zip
33330

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

6. Name and Address of Current Registered Agent
SHIRLEY, JEANETTE
13615 SOUTH DIXIE HIGHWAY #114-514
MIAMI, FL 33176

7. Name and Address of New Registered Agent
Name Shirley Jeanette
Street Address (P.O. Box Number is Not Acceptable)
5201 SW 145 Avenue
City Davie FL Zip Code 33330

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]* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE President
NAME Jeanette Shirley
STREET ADDRESS 5201 SW 145 Ave
CITY-ST-ZIP Davie FL 33330 ☐ Delete

TITLE Vice President
NAME Susan Manios
STREET ADDRESS 200 Calle Ensuena
CITY-ST-ZIP manathon FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 #

1-14-05 305 951 1209