

604000073853

(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:

Office Use Only



200069592492

04/13/06--01008--034 **305.00

APR 13 2006
10:00 AM
CLERK

604-73853
AL

MAGELLAN GROUP LLLP

701 PARK OF COMMERCE BLVD., SUITE 100

BOCA RATON, FL 33487

Tel: 561 998 4744 Fax: 561 998 4743

Department of State
Division of Corporations
Limited Liability Company Division
P.O. Box 6327
Tallahassee, FL 32314

April 3rd 2006

SUBJECT: FLIGHT TRAINING FINANCE LLC.

Enclosed is a check for \$305 to cover the following:

Change of Registered Office and Agent (filing fee and cert. copy)	\$ 55
Resignation of current Registered Agent (active LLC)	\$ 85
Resignation of Member (filing fee and cert. Copy)	\$ 55
Resignation of Manager (filing fee and cert. Copy)	\$ 55
Resignation of Manager(filing fee and cert. Copy)	\$ 55

TOTAL = \$305

FROM: Amanda Vaughan
701 Park of Commerce Blvd., Suite 100
Boca Raton, FL 33487
Tel: (561) 998-4744
Fax: (561) 998-4743

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLIGHT TRAINING FINANCE LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO SORS
(Name of Person)

FLIGHT TRAINING FINANCE LLC
(Firm/Company)

2000 Bayshore Drive, #6
(Address)

Miami, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Vaughan at (561) 998 4744 (x103)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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: FLIGHT TRAINING FINANCE LLC.
2. The mailing address of the limited liability company is : 2000 BAYSHORE DRIVE, #6,
MIAMI, FL 33133

October 11, 2004

L04000073853

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Peter A. Zutty

Name

701 Park of Commerce Blvd., Suite 100

Address

Boca Raton, FL 33487

City, State and Zip

6. The name and address of the new registered agent and/or office:

Pedro Sors

Name

2000 Bayshore Drive, #6

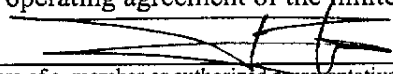
Florida street address (P.O. Box NOT acceptable)

Miami

FL 33133

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Pedro Sors
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00