

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2005 8:00 am
Secretary of State

DOCUMENT # L04000078086

1. Entity Name

AVAERO SERVICES, LLC



Principal Place of Business

6300 150TH AVENUE N.
CLEARWATER FL 33760
US

Mailing Address

4311 General Howard Dr
P.O. Box 1734
CLEARWATER FL 33760
US



2. Principal Place of Business

4311 General Howard Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1734
Suite, Apt. #, etc.

2nd MOORE

CR2E083 (5/05)

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33762

Country

US

Zip

33762

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKAMEY, KEVIN
6300 150TH AVENUE, N.
CLEARWATER FL 33760

13981 Mcarres Dr
Largo FL 33774

Name

Kevin V. McKamey

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

13981 Mcarres Dr

City

LARGO

FL

Zip Code

33774

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]

KEVIN V. MCKAMEY

8-10-05

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MCKAMEY, KEVIN
STREET ADDRESS 6300 150TH AVENUE, N.
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 #

8-10-05 727 235-1368



ATTACHMENT

30010984

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 19, 2005

AVAERO SERVICES, LLC
PO BOX 17341
CLEARWATER, FL 33762 US

SUBJECT: AVAERO SERVICES, LLC
Ref. Number: L04000078086

We have received your document for AVAERO SERVICES, LLC and check(s) totaling \$5.00. However, your check(s) and document are being returned for the following:

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 805A00052942