

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000080693

1. Entity Name  
LEGAL AVIATION, LLC



Principal Place of Business

500 E. KENNEDY BLVD  
SUITE 200  
TAMPA, FL 33602 US

Mailing Address

500 E. KENNEDY BLVD  
SUITE 200  
TAMPA, FL 33602 US



03242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-2156289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETITT, RICHARD T  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PETITT, RICHARD T
STREET ADDRESS	500 E. KENNEDY BLVD., SUITE 200
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000884471  
04/17/08-80045-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Richard T. Pettit

03/26/2008

813.223.3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #