## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082559

Entity Name: HARRIS AVIATION, LLC

Name:

**FILED** Mar 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3539 APALACHEE PARKWAY, SUITE 3, #223 SUITE 3, BOX 223 TALLAHASSEE, FL 32311

**Current Mailing Address: New Mailing Address:** 

3539 APALACHEE PARKWAY, SUITE 3, #223 3539 APALACHEE PARKWAY, SUITE 3, #223 SUITE 3, BOX 223 SUITE 3, BOX 223

TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 US

FEI Number: 04-3800313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCE, BELINDA 703 EAST TENNESSEE STREET HARRIS, KIMBERLY J 3539 APALACHEE PARKWAY TALLAHASSEE, FL 32308 SUITE 3, BOX 223 TALLAHÁSSEE, FL 32311 US

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.

SIGNATURE: KIMBERLY J. HARRIS 03/21/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

HARRIS, KIM HARRIS, KIM J Address: 3539 APALACHEE PARKWAY, SUITE 3, #223 Address: 3539 APALACHEE PARKWAY, SUITE 3, #223

Name:

City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIMBERLY J. HARRIS 03/21/2009