

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90061 029 ****50.00

DOCUMENT # L04000089553

1. Entity Name
AVION SALES, LLC



Principal Place of Business
**3350 NW ROYAL OAK WAY
JENSEN BEACH, FL 34957 US**

Mailing Address
**3350 NW ROYAL OAK WAY
JENSEN BEACH, FL 34957 US**

60044213



2. Principal Place of Business - No P.O. Box #
3731 N.E. PINEAPPLE AVE.

3. Mailing Address
3731 N.E. PINEAPPLE AVE.

Suite, Apt. #, etc.
SUITE C200

Suite, Apt. #, etc.
SUITE C200

01112007 Chg-LLC CR2E083 (12/06)

City & State
JENSEN BEACH, FL

City & State
JENSEN BEACH, FL

4. FEI Number
20-2010338

Applied For
Not Applicable

Zip
34957

Country
USA

Zip
34957

Country
USA

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

**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994**

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DOSS, ARDEN JR
3350 NW ROYAL OAK DR
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**3731 N.E. PINEAPPLE AVE. - SUITE C200
JENSEN BEACH, FL 34957** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

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: Arden Doss, Jr. **ARDEN DOSS, JR.** 4/24/07 772-692-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #