

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 001 \*\*\*138.75

**DOCUMENT # L04000089553**

1. Entity Name  
**AVION SALES, LLC**



Principal Place of Business  
3731 NE PINEAPPLE AVE SUITE C200  
JENSEN BEACH, FL 34957 US

Mailing Address  
3731 NE PINEAPPLE AVE SUITE C200  
JENSEN BEACH, FL 34957 US

**50005350**



03282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**20-2010338**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 reinstating)

DATE

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

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM**  
**DOSS, ARDEN JR**  
**3731 NE PINEAPPLE AVE SUITE C200**  
**JENSEN BEACH, FL 34957**

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**10. ADDITIONS/CHANGES**

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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*

*4/11/08*

*772-692-7800*

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

Date

Daytime Phone #

**ARDEN DOSS, JR.**