

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90083 006 ****50.00

DOCUMENT # L04000093215

1. Entity Name
OVERSEAS AVIATION, LLC



Principal Place of Business
**501 SOUTH OCEAN BLVD
203
BOCA RATON, FL 33432 US**

Mailing Address
**501 SOUTH OCEAN BLVD
203
BOCA RATON, FL 33432 US**

20049845



2. Principal Place of Business
55 NE 5th AVE #403

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082006 Chg-LLC CR2E083 (11/05)

City & State
Boca Raton FL

City & State

4. FEI Number
20-2051969

Applied For
Not Applicable

Zip
33432

Country
USA

Zip

Country

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

**ONUR, ALI
501 S OCEAN BLVD
203
BOCA RATON, FL 33432**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ONUR, ALI
501 S OCEAN BLVD 203
BOCA RATON, FL 33432** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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

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

Date

Daytime Phone #

7-17-06 5613385080