

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000094175

1. Entity Name
FUN FLIGHT AVIATION, LLC



Principal Place of Business
**931 DREXEL AVE. NORTHEAST
WINTER HAVEN, FL 33881**

Mailing Address
**PO BOX 282
WINTER HAVEN, FL 33882-0282**



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2068792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WENDEL, JOHN F
WENDEL & CHRITTON, CHARTERED
225 E. LEMON ST., SUITE 351
LAKELAND, FL 33801**

**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 reactivating)

DATE

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

U000000622713
02/13/07-80036-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SECKINGER, RALPH R
931 DREXEL AVE. NE
WINTER HAVEN, FL 33882**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SECKINGER, BETTY G
931 DREXEL AVE. NE
WINTER HAVEN, FL 33882**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MADLEY, JOHN O
142 AUDUBON RD.
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

Date

Daytime Phone #

Ralph R. Seckinger **Ralph R. Seckinger** **2-1-07** **863-221-4104**