

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022673

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** PREMIER AVIATION SALES AND SERVICES, LLC

**Current Principal Place of Business:**

1140 SPINNER LANE  
SANFORD, FL 32773

**New Principal Place of Business:**

4140 CENTER LINE LANE  
SANFORD, FL 32773

**Current Mailing Address:**

1140 SPINNER LANE  
SANFORD, FL 32773

**New Mailing Address:**

4140 CENTER LINE LANE  
SANFORD, FL 32773

**FEI Number:** 20-2961419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRESE, GARY B  
930 S. HARBOR CITY BOULEVARD STE 505  
MELBOURNE, FL 32901 US

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

BAILEY & TRUMBO, P.A.  
340 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 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: ROBERT H. BAILEY, JR.

03/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SWAIN, DONALD  
Address: 1140 SPINNER LANE  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SWAIN, DONALD  
Address: 4140 CENTER LINE LANE  
City-St-Zip: SANFORD, FL 32773

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: DONALD SWAIN

MGR

03/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date