

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025872

Entity Name: PAPA ROMEO, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

32801 HIGHWAY 441 NORTH
268
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

32801 HIGHWAY 441 NORTH
268
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-2424072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGON, JOE
32801 HWY 441 NORTH
268
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TLC AVIATION SERVICE, S, INC.
Address: 1417 MICHIGAN DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM () Delete
Name: POTTER, KENNETH
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR () Delete
Name: RAGON, JOE
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR (X) Delete
Name: RAGON, JOE
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR (X) Delete
Name: RAGON, JOE
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR (X) Delete
Name: RAGON, JOE
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TLC AVIATION SERVICE, S, INC.
Address: 32801 HWY 441 NORTH #268
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RAGON, JOE
Address: 32801 HWY 441 NORTH 268
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE RAGON

MGRM

04/17/2008

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