

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030612

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: QUALITY 1 AIRCRAFT SERVICES, LLC

## Current Principal Place of Business:

C/O AMASCO, LLC 14600 WHIRLWIND AVENUE  
JACKSONVILLE INTERNATIONAL AIRPORT  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

JACKSONVILLE INTERNATIONAL AIRPORT  
JACKSONVILLE, FL 32218

## Current Mailing Address:

PO BOX 18686 - C/O AMASCO, LLC  
JACKSONVILLE, FL 32229

## New Mailing Address:

PO BOX 18686  
JACKSONVILLE, FL 32229

FEI Number: 27-0119152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMASCO, LLC  
14600 WHIRLWIND AVENUE  
SUITE 221  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

AMASCO, LLC  
14600 WHIRLWIND AVENUE  
JACKSONVILLE, FL 32218 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:

04/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AEROSPACE INVESTMENTS, LLC  
Address: 14600 WHIRLWIND AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AEROSPACE INVESTMENTS, LLC  
Address: P.O. BOX 18686  
City-St-Zip: JACKSONVILLE, FL 32229

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: AMASCO, LLC

RA

04/25/2009

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