

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046623

1. Entity Name
BEAVERS' AIR L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:29

Principal Place of Business
50 BEAL PKWY, UNIT 9
FORT WALTON BEACH, FL 32548

Mailing Address
50 BEAL PKWY, UNIT 9
FORT WALTON BEACH, FL 32548

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01172007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BEAVERS, JIMMIE W
50 BEAL PKWY, UNIT 9
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAVERS, JIMMIE W 50 BEAL PKWY, UNIT 9 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jim Beaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #