

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055701

Entity Name: PELOTA AVIATION, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

3672 RICHMOND STREET
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

3672 RICHMOND STREET
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 20-2957518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, THOMAS E ESQ
50 N. LAURA STREET
STE 2800
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: BALL, WILLIS M III
Address: 50 N. LAURA STREET STE 3700
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BALL, PHILIP B
Address: 1 INDEPENDENT SQUARE STE 3201
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Change (X) Addition
Name: BALL, CHRISTOPHER M
Address: 1 INDEPENDENT SQUARE STE 3201
City-St-Zip: JACKSONVILLE, FL 32202 US

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: WILLIS M BALL III

MGR

04/17/2009

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