

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058874 1. Entity Name ANCHUCA AVIATION, LLC	
---	---

Principal Place of Business 41 LAKE MORTON DRIVE LAKELAND, FL 33801	Mailing Address POB 2420 LAKELAND, FL 33806
---	---

DO NOT WRITE IN THIS SPACE



02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3009961	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, DENNIS P 225 E. LEMON STREET, SUITE 300 LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

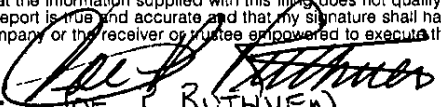
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTHVEN, JOE P 41 LAKE MORTON DRIVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000868678
04/09/08-80013-005 138.75

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:  **JOE P. RUTHVEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # **863.686.3173**