THE DEVLIN GROUP Fax:904-543-9207 Apr 19

FL Dept of State

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90042 038 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071614

1. Entity Name
DEVLIN AIR CHARTERS, LLC

Principal Place of Business
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

Mailing Address
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

2.
1548 The Greens Way, Suite 6
Jacksonville Beach, FL 32250

3. Mailing Address
1548 The Greens Way, Suite 6
Jacksonville Beach, FL 32250

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCCUE, EDWARD R JR.
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name: WALLACE R. DEVLIN, JR
Street Address (P.O. Box Number is Not Acceptable): 1548 THE GREENS WAY, STE 6
City: JACKSONVILLE BEACH FL Zip Code: 32250

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]
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 WALLACE, DEVLIN R JR 1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #