


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000097073**

1. Entity Name  
**AEROMAX, LLC**



Principal Place of Business      Mailing Address

**1110 SPINNER LANE**      **1110 SPINNER LANE**  
**SANFORD, FL 32773**      **SANFORD, FL 32773**

**DO NOT WRITE IN THIS SPACE**



05072008No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-3563278</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**JOHNSON, VICTOR E**  
**2576 SHADY LANE**  
**ORANGE CITY, FL 32763**

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

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000950797  
06/04/08-80006-004 138.75

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JOHNSON, VICTOR E<br>2576 SHADY LANE<br>ORANGE CITY, FL 32763 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:**  **MEMBER/MANAGER**      **5-1-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #