

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100396

FILED
Apr 20, 2008
Secretary of State

Entity Name: SPECTRUM AVIATION OF FLORIDA, LLC

Current Principal Place of Business:

2230 A SPRING HARBOR DR
DELRAY BEACH, FL 33445

New Principal Place of Business:

2115 SPRING HARBOR DRIVE
APT D
DELRAY BEACH, FL 33445

Current Mailing Address:

2230 A SPRING HARBOR DR
DELRAY BEACH, FL 33445

New Mailing Address:

2115 SPRING HARBOR DRIVE
APT D
DELRAY BEACH, FL 33445

FEI Number: 20-3609990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEIXEIRA, PAULA
2230 A SPRING HARBOR DR
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

TEIXEIRA, PAULA
2115 SPRING HARBOR DRIVE
APT D
DELRAY BEACH, FL 33445 US

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: PAULA TEIXEIRA

04/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TEIXEIRA, ALOISIO
Address: 2230 A SPRING HARBOR DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: TEIXEIRA, PAULA
Address: 2230 A SPRING HARBOR DR
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

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

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

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: PAULA TEIXEIRA

MGRM

04/20/2008

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