

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

150.00
9-15-06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:33



DOCUMENT # L05000107324

1. Entity Name
PINNACLE AERO LLC

Principal Place of Business
598 MARISOL DRIVE
NEW SMYRNA BEACH, FL 32168

Mailing Address
598 MARISOL DRIVE
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

203759171

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINCKLEY, LISA
598 MARISOL DRIVE
NEW SMYRNA BEACH, FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIZER, GARREN
598 MARISOL DRIVE
NEW SMYRNA BEACH, FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500091193775
10/25/06--01055--004 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HINCKLEY, LISA
1701 HERMANN DRIVE, UNIT 3201
HOUSTON, TX 77004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500091193775
12/01/06--01050--004 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATED 2006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Garren M Sizer 09/11/2006 384 235-1267