

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113129

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** LT AVIATION SERVICES LLC

**Current Principal Place of Business:**

1844 N NOB HILL RD  
#307  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1844 N NOB HILL RD  
#307  
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number:** 20-3860007      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEELEY, WARREN T  
1844 N NOB HILL RD  
PLANTATION, FL 33322      US

**Name and Address of New Registered Agent:**

SEELEY, WARREN T  
1844 N NOB HILL RD  
#307  
PLANTATION, FL 33322      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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/15/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title:      PRES      ( ) Delete  
Name:      SEELEY, WARREN T  
Address:      1844 N NOB HILL RD #307  
City-St-Zip:      PLANTATION, FL 33328

**ADDITIONS/CHANGES:**

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: W. T. SEELEY

PRES

01/15/2009

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