


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90160 021 ****55.00

DOCUMENT # L06000001273 1. Entity Name AIRCRAFT COORDINATION EXPERTS, LLC					
Principal Place of Business 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643 US			Mailing Address 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4043135	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	MGRM NYSTROM, JAN V 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NYSTROM, SARAH S 27424 NW 193RD AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
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: <i>Jan V Nystrom</i> Jan V Nystrom			10 April 07, 386-454-3954		