FILED Mar 30, 2007 8:00 am Secretary of State 03-30-2007 90037 007 ****55.00

2007 LIMITED LIABILITY COMPANY

ANNUAL REPURI								
DOCUMENT # L06000014225 1. Entity Name MIAMI AIR LOGISTICS AND REPAIR SUPPORT, LLC					60030693			
Principal Place of	Mailing Address	failing Address			000000			
1001 BRICKELL	BAY DRIVE	1001 BRICKELL BAY DRIVE						
2310		2310						
MIAMI, FL 33131 US		MIAMI, FL 33131 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				11 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numb	<u> </u>	1 N	pplied For ot Applicable
Zip	Country	Zip Count		try		of Status Desired	\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FUGUET EDION 1				Name				
FUGUET, ER 1001 BRICKE 2310 ";	ELL BAY DRIVE	Street Address (P.O. Box Numb	er is Not Acceptable)			
MIAMI, FL U	S						1	<u>-</u>
<u> </u>				City			FL Zip Coo	
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)								
Filing Fee is \$50.00 Due by May 1, 2007							check payable to Department of Stat	te
9.	MANAGING MEMBER	L IS/MANAGERS	10.		L	ADDITIONS/C	CHANGES	···
1 '	IGR	☐ Delete	TITLE				☐ Change	☐ Addition
1	FUGUET, ERICK J NAM							
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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 receiverer trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
3/22/07/2001/1/ 1320								
SIGNATURE: 3/23/01/305/416 4730 SIGNATURE AND TYPESFOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3/23/01/305/416 4730 Daylore Phone #								