# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024011

**FILED**
**Jan 08, 2009**
**Secretary of State**

**Entity Name:** E & A AVIATION, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| P.O. BOX 667<br>EATON PARK, FL 33840 US | 2424 LASSO LANE<br>LAKELAND, FL 33801 US |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| P.O. BOX 667<br>EATON PARK, FL 33840 US | |

**FEI Number: 20-4430846** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| AHLGREN, EDMUN L<br>2424 LASSO LANE<br>LAKELAND, FL 33801 US | AHLGREN, EDMUND L<br>2424 LASSO LANE<br>LAKELAND, FL 33801 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: ED AHLGREN 01/08/2009

Electronic Signature of Registered Agent Date

| **MANAGING MEMBERS/MANAGERS:** | | **ADDITIONS/CHANGES:** | |
|---|---|---|---|
| Title: | MGRM ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | AHLGREN, EDMUND L | Name: | |
| Address: | P.O. BOX 667 | Address: | |
| City-St-Zip: | EATON PARK, FL 33840 | 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: ED AHLGREN RA 01/08/2009

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