2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000028751

1. Entity Name

AMON AVIATION, LLC



FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90033 039 ****50.00

Principal Place of Business Mailing Address 211 E. INTERNATIONAL SPEEDWAY BOULEVA 211 E. INTERNATIONAL SPEEDWAY BOULEVA DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number 541 2803 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMON, URSULA Street Address (P.O. Box Number is Not Acceptable) 211 E. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32118 City Zip Code FL 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. THIE Delete ☐ Change Addition MGRM NAMI Felix Amon 211 E. International Speedway Blvd. STREET LADDRESS STREET ADDRESS Daytona Beach, FL 32118 CITY ST ZIP City S1 ZIP $\mathbf{H}\mathbf{H}$ ☐ Delete ☐ Change Addition MGRM Ursula Amon STREET ADDRESS STREET ADDRESS 211 E. International Speedway Blvd. Daytona Beach, FL 32118 CHY-SI-ZIP CHY-ST-7IP HILL ☐ Delete Change Addition HHI NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 78P CHY-ST-ZIP Change 11111 □ Delete HIII ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY SI-7IP THE Delete Change Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-S1-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

Ursula Amon

4/25/07

386-257-0200

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

Date

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