

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000042401

1. Entity Name  
GFT AVIATION, LLC



Principal Place of Business  
6690-2 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258

Mailing Address  
6690-2 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THOMAS, GUY F  
6690-2 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000787417  
01/17/08-80081-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME THOMAS, GUY F  
STREET ADDRESS P.O. BOX 57968  
CITY-ST-ZIP JACKSONVILLE, FL 32241

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

1/15/2008

Date

904-260-5200

Daytime Phone #