

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051238

Entity Name: S. FLA . AVIATORS, LLC

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

524 S. ANDREWS AVE
STE. 101N
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

524 S. ANDREWS AVE
STE. 101N
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-4958389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORTOLIN, SONIA M
524 S. ANDREWS AVE
STE. 101N
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEFFMAN, TAMRA
Address: 4600 ROYAL PAM AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: BORTOLIN, SONIA
Address: 2025 NE 164 STREET, #409
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: BLASI, PATRICIA
Address: 3800 NE 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SONIA M. BORTOLIN

MGRM

03/07/2007

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