

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051238

Entity Name: S. FLA . AVIATORS, LLC

FILED  
Apr 21, 2008  
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:

4600 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

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:

SHEFFMAN, TAMRA M  
4600 ROYAL PALM AVENUE  
MIAMI BCH, FL 33140 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: TAMRA SHEFFMAN

04/21/2008

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 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: TAMRA SHEFFMAN

MGRM

04/21/2008

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