

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070667

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLYING SEAS AVIATION, LLC

Current Principal Place of Business:

2543 ROCKFILL ROAD
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2543 ROCKFILL ROAD
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 20-5879451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
C/O PAVESE LAW FIRM
1833 HENDRY STREET
FT. MYERS, FL 33901 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: MGR () Delete
Name: CALLANS, TOM
Address: 2543 ROCKFILL ROAD
City-St-Zip: FT. MYERS, FL 33916

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALLANS, TOM
Address: 2543 ROCKFILL ROAD
City-St-Zip: FT. MYERS, FL 33916

Title: MGR () Change (X) Addition
Name: CROWTHER, LEE S
Address: 2543 ROCKFILL ROAD
City-St-Zip: FT. MYERS, FL 33916

Title: MGR () Change (X) Addition
Name: CROWTHER, DAVID
Address: 2543 ROCKFILL ROAD
City-St-Zip: FT. MYERS, FL 33916

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: THOMAS S. CALLANS

MGRM

04/29/2009

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