

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90154 012 ****50.00

DOCUMENT # L06000071357

1. Entity Name
CUSTOM AERO LLC



Principal Place of Business

735 S. AIRPARK ROAD
BUILDING A, UNIT #4
EDGEWATER, FL 32132 US

Mailing Address

3035 ORANGE TREE DRIVE
EDGEWATER, FL 32141 US

40122695



2. Principal Place of Business - No P.O. Box #

735 S. Air Park Rd

3. Mailing Address

1854 Victory Palm Dr

Suite, Apt. #, etc.

Building A, Unit #4

Suite, Apt. #, etc.

07022007 Chg-LLC CR2E083 (12/06)

City & State

Edgewater, FL

City & State

Edgewater FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32132

Country

US

Zip

32141

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, BARRY D II
3035 ORANGE TREE DRIVE
EDGEWATER, FL 32141

1854 Victory Palm Dr

7. Name and Address of New Registered Agent

Name Barry D. Daniels, II

Street Address (P.O. Box Number is Not Acceptable)

1854 Victory Palm Dr

City

Edgewater

FL

Zip Code 32141

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]

Barry D. Daniels, II

7/3/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DANIELS, BARRY D II
STREET ADDRESS 3035 ORANGE TREE DRIVE
CITY-ST-ZIP 1854 Victory Palm Dr
EDGEWATER, FL 32141

10. ADDITIONS/CHANGES

TITLE MGR
NAME DANIELS, BARRY D, II
STREET ADDRESS 1854 Victory Palm Dr
CITY-ST-ZIP Edgewater, FL 32141
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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]

Barry D. Daniels, II 7/3/07 386-314-8828

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

Date

Daytime Phone #