

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000071982

FILED
Aug 20, 2007
Secretary of State

Entity Name: PRECISION AIR CHARTER, LLC

Current Principal Place of Business:

3525 AIRPORT ROAD
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

3525 AIRPORT ROAD
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 13-4340009 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEYER, CHUCK
3525 AIRPORT ROAD
PANAMA CITY, FL 32405 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: PRECISION AIR SERVIC, ES, LLC
Address: 3525 AIRPORT ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGR () Delete
Name: CLEARED TO LAND, LLC,
Address: 545 KENSINGTON FARMS DRIVE
City-St-Zip: ALPHARETTA, GA 30004 US

Title: MGR () Delete
Name: DUNN, DANIEL K
Address: 6642 SANDRA RD
City-St-Zip: PANAMA CITY, FL 32409

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: GANNON, HOWELL J
Address: 209 HARVOUR POINTE DR
City-St-Zip: LYNN HAVEN, FL 32444

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: CHUCK MEYER

MGR

08/20/2007

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