## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000073287

**Entity Name: HOLLOWAY AVIATION LLC** 

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2139 NE SECOND STREET 2139-B NE SECOND STREET

31 OCALA, FL 34470

OCALA, FL 34470

Current Mailing Address: New Mailing Address:

2139 NE SECOND STREET 2139-B NE SECOND STREET

B1 OCALA, FL 34470

OCALA, FL 34470

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLOWAY, MICHAEL M MGRM 2139-B NE 2ND ST.

OCALA, FL 34470 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: MICHAEL M. HOLLOWAY 01/30/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 HOLLOWAY, MICHAEL M
 Name:
 HOLLOWAY, MICHAEL M

 Address:
 8250 NW 136TH AVENUE ROAD
 Address:
 2139-B NE 2ND ST.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34470

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CLEVINGER, SID
 Name:

 Address:
 1911 SW 76TH LANE
 Address:

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FRANCK, PAUL
 Name:

 Address:
 202 SW 17TH STREET
 Address:

 City-St-Zip:
 OCALA, FL 34474
 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: MICHAEL M. HOLLOWAY MGRM 01/30/2008