

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90164 022 ****50.00

60027014



03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **02-0784459** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000083630

1. Entity Name
CROSSWIND AVIATION L.L.C.



Principal Place of Business
36163 EMERALD COAST PARKWAY, STE #4
DESTIN, FL 32541

Mailing Address
4421 COMMONS DR. E, PMB #165
DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #
36164 EMERALD COAST PKWY

3. Mailing Address

Suite, Apt. #, etc.
STE #4

Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State

Zip
32541

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, RONALD J
4421 COMMONS DR. E PMB 165
DESTIN, FL 32541

Name

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

City

FL

Zip Code

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, 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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERTS, RONALD J
4421 COMMONS DR E PMB 165
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

3/19/07 850-269-1090