

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000085750

1. Entity Name
C & J AVIATION, LLC



Principal Place of Business

5601 CORPORATE WAY
SUITE 210
WEST PALM BEACH, FL 33407

Mailing Address

5601 CORPORATE WAY
SUITE 210
WEST PALM BEACH, FL 33407



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5504474

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICKLE, JAMIE C
5601 CORPORATE WAY
SUITE 210
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000931781
05/22/08-80030-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCNEAL, CLYDE O
STREET ADDRESS	5601 CORPORATE WAY, SUITE 210
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGRM
NAME	MICKLE, JAMIE C
STREET ADDRESS	5601 CORPORATE WAY, SUITE 210
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Clyde McNeal

4/24/06

5616404800