

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088172

**FILED**  
**Jan 05, 2008**  
**Secretary of State**

**Entity Name:** SOLUTIONS AVIATION SUPPLY, LLC

**Current Principal Place of Business:**

P.O. BOX 85235  
MADEIRA BEACH, FL 33738

**New Principal Place of Business:**

10865 CLARA LANE  
SAINT PETERSBURG, FL 33708

**Current Mailing Address:**

P.O. BOX 85235  
MADEIRA BEACH, FL 33738

**New Mailing Address:**

**FEI Number:** 20-5555939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: CHERRY, CLIFTON R  
Address: P.O. BOX 85235  
City-St-Zip: MADEIRA BEACH, FL 33738

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AGENTS & CORPORATION, S  
Address: P.O. BOX 85235  
City-St-Zip: MADEIRA BEACH, FL 33738

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: CLIF CHERRY

MGR

01/05/2008

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