

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90139 003 ***138.75

DOCUMENT # L06000090533

1. Entity Name
BIG CREEK AVIATION, LLC



Principal Place of Business
**1500 CAMPBELL AVENUE
JACKSONVILLE, FL 32207**

Mailing Address
**1500 CAMPBELL AVENUE
JACKSONVILLE, FL 32207**

50006098



04072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional -
Fee Required

6. Name and Address of Current Registered Agent

**AHERN, FRED L JR,
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOWEN, JAMES C
STREET ADDRESS	1500 CAMPBELL AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	Bowen, Marilyn D.
STREET ADDRESS	1500 Campbell Avenue
CITY-ST-ZIP	Jacksonville, FL 32207
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: *Marilyn Bowen*

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

4/30/08

Date

904-703-8129

Daytime Phone #