## 2008 LIMITED\_LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L06000093317** 

Entity Name

PEGASUS THRUSTERS, LLC



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

19700 FRANJO ROAD MIAMI, FL 33156 Mailing Address

19700 FRANJO ROAD MIAMI, FL 33156



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
20-5621445	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VITALE, DEAN 19700 FRANJO ROAD MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

				•
the obligat	named entity submits this statement for the purpose of char lions of registered agent.	ging its registered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	TURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating			DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			*
TITLE	MGR		•	
NAME	VITALE, DEAN			
STREET ADDRESS	19700 FRANJO ROAD		•	·
CITY-ST-ZIP	MIAMI, FL 33156			•
TITLE	MGR	l s,	•	HODODO794695
NAME	SORKIN, HOWARD L			01/28/08-80015-021 138.75
STREET ADDRESS	19700 FRANJO ROAD	·		errepresentaturi 150. (5
CITY-ST-ZIP	MIAMI, FL 33156		•	
TITLE	MGR		•	•
NAME	WILLIAMS, STEVEN R			,
STREET ADDRESS	19700 FRANJO ROAD	•	DO	NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33156			
TITLE			IN '	THIS SPACE
NAME CYREEY ARRESCO				
STREET ADDRESS		•	•	•
CITY-ST-ZIP				
TITLE				
NAME		!		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				

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 spot 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 embowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

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

1-21-08

(305) 298-4485

Daytime Phone #