

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000095270

Entity Name: SKYHAWK FLYERS LLC.

FILED
Oct 24, 2007
Secretary of State

Current Principal Place of Business:

2702 PECONIC AVE.
SEAFORD, NY 11783

New Principal Place of Business:

Current Mailing Address:

PO BOX 1823
SEAFORD, NY 11783

New Mailing Address:

FEI Number: 20-5629347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CROMLEY, JOHN
5500 BENT GRASS DR.
#202
SARASOTA, FL 34235 US

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: JOHN CROMLEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLARK, PETER
Address: 2702 PECONIC AVE.
City-St-Zip: SEAFORD, NY 11783

Title: MGRM () Delete
Name: CROMLEY, JOHN
Address: 5500 BENT GRASS DR. #202
City-St-Zip: SARASOTA, FL 34235

Title: MGRM () Delete
Name: SEMENDINGER, GREGG
Address: 2185 CYPRESS ST.
City-St-Zip: WANTAGH, NY 11793

Title: MGRM () Delete
Name: SOSA, EDDIE
Address: 2 GREEN TREE CT.
City-St-Zip: NORTHPORT, NY 11768

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES NARELL CPA

CPA

10/24/2007

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