

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096290

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: WYNDS AVIATION

**Current Principal Place of Business:**

4110 NW 272ND TERR  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

4110 NW 272ND TERR  
NEWBERRY, FL 32669

**New Mailing Address:**

FEI Number: 20-5655519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIAZZA, JOSEPH D  
4110 NW 272ND TERR  
NEWBERRY, FL 32669 US

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

PIAZZA, JOSEPH D DONINI  
4110 NW 272ND TERR  
NEWBERRY, FL 32669 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: JOSEPH PIAZZA

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MANA  
Name: PIAZZA, JOSEPH D JOSEPH  
Address: 4110 NW 272ND TERR  
City-St-Zip: NEWBERRY, FL 32669 US

Title: MANA  
Name: PIAZZA, JOSEPH J JOSEPH  
Address: 4110 NW 272ND TER  
City-St-Zip: NEWBERRY, FL 32669

Title: MANA  
Name: PIAZZA, JOSEPH J JOSEPH  
Address: 4110 NW 272ND TER  
City-St-Zip: NEWBERRY, FL 32669

Title: MANA  
Name: PIAZZA, JOSEPH J JOSEPH  
Address: 4110 NW 272ND TER  
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Title: MANA  
Name: PIAZZA, JOSEPH J JOSEPH  
Address: 4110 NW 272ND TER  
City-St-Zip: NEWBERRY, FL 32669

Title: MANA  
Name: PIAZZA, JOSEPH J JOSEPH  
Address: 4110 NW 272ND TER  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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: JOSEPH PIAZZA

MANA

01/06/2010

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