# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# L06000106664

**Entity Name:** AVIOR AIRLINES SERVICES, LLC

**Current Principal Place of Business:**

3300 NW 112 AV
UNIT 12
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

3300 NW 112 AV
UNIT 12
DORAL, FL 33172

**New Mailing Address:**

**FEI Number: 20-5840245** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

RUIZ, VICTOR G
3300 NW 112 AV
UNIT 12
DORAL, FL 33172 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: CIARCIA WALO, RAFAEL
Address: 3300 NW 112 AV, UNIT 12
City-St-Zip: DORAL, FL 33172

Title: MGR ( ) Delete
Name: AÑEZ DAGER, JORGE
Address: 3300 NW 112 AV, UNIT 12
City-St-Zip: DORAL, FL 33172

Title: MGR ( ) Delete
Name: FUENTES GONZÁLEZ, ADOLFO
Address: 3300 NW 112 AV, UNIT 12
City-St-Zip: DORAL, FL 33172

**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:

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: VICTOR RUIZ RA 04/30/2009

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