

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90063 006 ***163.75

DOCUMENT # L06000117981

1. Entity Name
LYNKIRK AVIATION, LLC



Principal Place of Business
267 ROSEHILL DRIVE NORTH
TALLAHASSEE, FL 32312 US

Mailing Address
267 ROSEHILL DRIVE NORTH
TALLAHASSEE, FL 32312 US



02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8062213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE, FL 32301~~
Kirk J. Mauro
267 Rosehill Drive North
Tallahassee, FL 32312

**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 X Kirk J. Mauro MD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/8/08
DATE

FILE NOW!!! FEE IS \$138.75 + 25.00 = \$163.75
(After May 1, 2008 Fee will be \$538.75)

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROCKELMAN, LYNN G
94 MOUNTAIN LAKE, P.O. BOX 832
LAKE WALES, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAURO, KIRK J
267 ROSEHILL DRIVE NORTH
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X Kirk J. Mauro MD

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

2/8/08
Date

(850)
509-4126
Daytime Phone #