

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/**

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-05-2008 90027 008 ***138.75

DOCUMENT-# L07000001664
1. Entity Name
CMA FLIGHT OPERATIONS, LLC



Principal Place of Business
**1683 GALLEON DRIVE
NAPLES FL 34102**

Mailing Address
**1683 GALLEON DRIVE
NAPLES FL 34102**



2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

4. FEI Number
ETN 02-0803313
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
**ARMSTRONG, C. MICHAEL
1683 GALLEON DRIVE
NAPLES FL 34102**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, MICHAEL 1683 GALLEON DRIVE NAPLES FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 806, Florida Statutes.

SIGNATURE: C. Michael Quint 1/25/08 239 649 6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Document Price \$