

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000012182

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** J3 FLYERS, LLC

**Current Principal Place of Business:**

8265 BARTON FARMS BLVD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

8265 BARTON FARMS BLVD  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 20-8401498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELTRI, VINCENT  
8265 BARTON FARMS BLVD.  
SARASOTA, FL 34240 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:** MGRM  
**Name:** VELTRI, VINCENT F  
**Address:** 8265 BARTON FARMS BLVD.  
**City-St-Zip:** SARASOTA, FL 34240 US

**Title:** MGRM  
**Name:** KELLERMAN, HERBERT  
**Address:** 1522 BUOY LANE  
**City-St-Zip:** OSPREY, FL 34229

**Title:** MGRM  
**Name:** GABBERT, TATE  
**Address:** 6431 MYAKKA VALLEY TRAIL  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** MGRM  
**Name:** HAWKINS, FRED W  
**Address:** 716 ANNA HOPE LANE  
**City-St-Zip:** OSPREY, FL 34229

**Title:** MGRM  
**Name:** CURCIO, BRENDEN  
**Address:** 322 MICHELANGELO DRIVE  
**City-St-Zip:** OSPREY, FL 34229

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:** VINCENT VELTRI

MR

03/10/2010

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