

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017180

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** ENGAGE HELICOPTERS LLC

**Current Principal Place of Business:**

500 CENTER RD.  
DOVE FIELD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

5580 SHIPS CHANNEL CIRCLE  
SARASOTA, FL 34231 US

**New Mailing Address:**

1859 LAUREL ST  
SARASOTA, FL 34236 US

**FEI Number:** 77-0669714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, LESLIE D  
1729 FESSLER ST  
ENGLEWOOD, FL 34223 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 ( ) Delete  
Name: CAREY, PHILIP J  
Address: 5580 SHIPS CHANNEL CIRCLE  
City-St-Zip: SARASOTA, FL 34231 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAREY, PHILIP J  
Address: 1859 LAUREL ST  
City-St-Zip: SARASOTA, FL 34236 US

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: PHILIP J CAREY

MGRM

04/21/2009

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