

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027858

FILED
Apr 16, 2009
Secretary of State

Entity Name: SPARROW'S FLYING SERVICE, LLC

Current Principal Place of Business:

1756 PERRY ROAD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1756 PERRY ROAD
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-8714967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARROW, GARY D
1756 PERRY ROAD
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD, STE A
BOX 1408598
DELTONA, FL 32725 US

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: DEVIN NEWMAN FOR ALL FLORIDA FIRM

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPARROW, GARY D
Address: 1756 PERRY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: SPARROW, DOROTHY W
Address: 1756 PERRY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SPARROW, GARY D
Address: 1756 PERRY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP (X) Change () Addition
Name: SPARROW, DOROTHY W
Address: 1756 PERRY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: DEVIN NEWMAN FOR GARY SPARROW

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04/16/2009

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