

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037404

FILED
Jan 08, 2008
Secretary of State

Entity Name: SUNSHINE STATE HELICOPTERS, LLC

Current Principal Place of Business:

4544 BARTELT ROAD
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

PO BOX 3400
HOLIDAY, FL 34692

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRAM, DARYL
1349 DINSMORE COURT
NEW PORT RICHEY, FL 34655 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: MGR () Delete
Name: SCHRAM, MARGARET
Address: 4544 BARTELT ROAD
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: SCHRAM, DARYL
Address: 4544 BARTELT ROAD
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET SCHRAM

MGR

01/08/2008

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