

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038155

Entity Name: KIRLAND AVIATION, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445

Current Mailing Address:

855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445

New Principal Place of Business:

855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

New Mailing Address:

855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

FEI Number: 20-8810778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDER, THERESA
855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445 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: KIRLAND, ROBERT A
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: CONDER, THERESA
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIRLAND, ROBERT A
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR (X) Change () Addition
Name: CONDER, THERESA
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 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: THERESA CONDER

MGR

04/24/2009

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