


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000077498

1. Limited Liability Company's Name

KATN AERO SERVICE, LLC

2. Principal Office Address - No P.O. Box #

17715 NW 85TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33015

Country

DADE

3. Mailing Office Address

17715 NW 85TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33015

Country

DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida JULY 27, 2007

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES MOORE

Street Address (P.O. Box Number is Not Acceptable)

17715 NW 85TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33015

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Charles Moore

REGISTERED AGENT MUST SIGN

Date APRIL 29, 2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHARLES MOORE	17715 NW 85TH AVENUE	HIALEAH, FL 33015
MGRM	CAROLYN MOORE	17715 NW 85TH AVENUE	HIALEAH, FL 33015

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07/15/08--01006--021 **83.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Charles Moore

Date APRIL 29, 2008 Daytime Phone # 954-608-2107

Typed or printed name of signing Managing Member/Manager

CHARLES MOORE

FILED

08 JUL 14 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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