2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State
08-18-2008 90050 026 ***543.75

DOCUMENT # L07000097288

1. Entity Name
LOGISTICAL GROUND SERVICES LLC

Principal Place of Business	Mailing Address
7793 HUNTERS LAKE CIRCLE N. JACKSONVILLE, FL 32210 US	7793 HUNTERS LAKE CIRCLE N. JACKSONVILLE, FL 32210 US

3UU11114

07052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8000 Kings Forest DR	8000 Kings Forest DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32219 Country: USA	Zip: 32219 Country: USA

4. FEI Number: 02-0914989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, JOSEPH F 7793 HUNTERS LAKE CIRCLE N. JACKSONVILLE, FL 32210	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, Joseph F 8000 Kings Forest DR Jacksonville, FL 32219	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, MATTHEW J 7793 HUNTERS LAKE CIRCLE N. JACKSONVILLE, FL 32210	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, Matthew J 8000 Kings Forest DR Jacksonville, FL 32219	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Joseph F Fisher (JOSEPH F FISHER)
MGRM