

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098397

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** WHEELS UP AVIATION SERVICES LLC

**Current Principal Place of Business:**

1471 SCARLETT WAY  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

1471 SCARLETT WAY  
FLEMING ISLAND, FL 32003 US

**New Mailing Address:**

**FEI Number:** 32-0218598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, CHARLES H  
1471 SCARLETT WAY  
FLEMING ISLAND, FL 32003 US

**Name and Address of New Registered Agent:**

WHEELER, CHARLES H JR  
1471 SCARLETT WAY  
FLEMING ISLAND, FL 32003 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: CHARLES H WHEELER JR.

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHEELER, CHARLES H  
Address: 1471 SCARLETT WAY  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: MGR  
Name: WHEELER, ANNETTE  
Address: 1471 SCARLETT WAY  
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby 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: CHARLES H WHEELER JR.

MGRM

04/19/2012

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