

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100143

Entity Name: ECUADOR ECAIRLINES S.A. LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

11505 SOUTHWEST 134 AVE.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11505 SOUTHWEST 134 AVE.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 51-0650761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SOTOMAYOR, BENJAMIN  
11505 SOUTHWEST 134 AVE.  
MIAMI, FL 33186      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: WONG MIELES, SEGUNDO VICENT F  
Address: 11606 NORTHWEST 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete  
Name: WONG MIELES, SEGUNDO VICENT F  
Address: 11606 NORTHWEST 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WONG MIELES, SEGUNDO VICENT F  
Address: 11505 SOUTHWEST 134 AVE  
City-St-Zip: MIAMI, FL 33186

Title: S (X) Change ( ) Addition  
Name: WONG MIELES, SEGUNDO VICENT F  
Address: 11505 134 AVE,  
City-St-Zip: MIAMI, FL 33186

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: SEGUNDO WONG

MGR

04/24/2008

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