2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000117004 02-18-2008 90079 038 ***138.75 1. Entity Name APS AIRPARTS SERVICES, LLC Principal Place of Business Mailing Address 30002193 1556 NW 89TH COURT 1556 NW 89TH COURT MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 26-1524525 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134 Zip Code 8. The above named entity submits his patement to 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. Ulcep SIGNATURE. red agent and title it applicable (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Addition TITLE ☐ Change TITLE ☐ Delete GRANDE, JOSE NAME NAME STREET ADDRESS 1556 NW 89TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE ☐ Change Addition GRANDE, MODESTO NAME NAME STREET ADDRESS 1556 NW 89TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Change ☐ Addition MGR Delete TITLE TITLE CRUZ, JESSE M NAME NAME STREET ADDRESS .1556 NW 89TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes. U. GRANDE USE

NATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 14, 2008 8:00 am

Daytime Phone #