2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L07000120059 1. Entity Name FLIGHT XV, LLC						02-11-2008 90133 024 ***143.75				
Principal Place of Business Mailing Address				,	_	 ,				
1978 COUNTRY CLUB DRIVE PORT ORANGE, FL 32128		1978 COUNTRY CLUB DRIVE PORT ORANGE, FL 32128			I KARFIRIK M	A BRIST (PRI) CRIS RRIS PR	IBI (CAID (IBN 88H AD)	al elka ta	NOTO SEE ESINE	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address P.O Box 11825								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State Daytona Beach, FL		4. FEI Numb	er 26-14402	from philosopic				
Zip	Country	Zip 32120	Count U.	. S .		te of Status Desired XX \$5.00 Additional Fee Required				
	6. Name and Address of Current R	legistered Agent	Istered Agent Name			Address of New F	Registered Agen	t		
LEGAL, SNELL 700 W. GRANADA BOULEVARD, SUITE 107					Idress (P.O. Box Number is Not Acceptable)					
ORMOND BEACH, FL 32174										
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State				
9.	MANAGING MEMBERS/MANAGERS			. ADDITIONS/CHANGES						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER-SCOTT, MICHELLE 1978 COUNTRY CLUB DRIVE PORT ORANGE, FL 32128						0	Change	Addition	
TITLE NAME		☐ Delete	TITLE	:				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
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I nereby 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.

2/11/08

(386) 334-3926

Daytime Phone #