

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008098

Entity Name: NET QUEST AVIATION, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET, SUITE 105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

NOLAN, JAMES A P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 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: JAMES A. NOLAN, P.A.

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAFER, HAROLD A
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: SHAFER, HAROLD A
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Change (X) Addition
Name: WILSON, DENNY
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

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: HAROLD A SHAFER

PD

04/30/2009

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