

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013311

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN LATITUDE AIRWAYS, LLC

**Current Principal Place of Business:**

102 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1486  
EDGEWATER, FL 32132

**New Mailing Address:**

102 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 35-2334299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, JASON E  
102 CUNNINGHAM DRIVE  
NEW SMYRNA BEACH, FL 32168 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  
**Name:** LEWIS, JASON E  
**Address:** 102 CUNNINGHAM DRIVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** MGR  
**Name:** MONFORT, WILLIAM E II  
**Address:** 167 FLAMINGO RD  
**City-St-Zip:** EDGEWATER, FL 32141

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:** JASON E LEWIS

MGR

04/30/2011

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