

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030175

FILED
Feb 01, 2009
Secretary of State

Entity Name: COMPLETE AVIATION SERVICES LLC

Current Principal Place of Business:

300 S. POINTE DR.
2506
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

300 S. POINTE DR.
2506
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-2216105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, LUKE D
300 S. POINTE DR.
2506
MIAMI BEACH, FL 33139 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: MGRM () Delete
Name: WEBB, LUKE D
Address: 300 S. POINTE DR. APT. 2506
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: WEBB, DARRELL T
Address: 9325 W. MAIDEN CT.
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: WEBB, MOLLY T
Address: 300 S. POINTE DR. APT. 2506
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGMB (X) Change () Addition
Name: WEBB, LUKE D
Address: 300 S. POINTE DR. APT. 2506
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUKE WEBB

MGMB

02/01/2009

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