2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058019

1694 KINGSTON ROAD

City-St-Zip: LONGWOOD, FL 32750 US

Address:

Entity Name: WILDER FLIGHT OF FLORIDA, LLC

FILED Aug 03, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
Current	Tillcipal Flace o	d Dusiliess.	New I Interpart to	ace of Business.	
	GSTON ROAD OOD, FL 32750	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	SSTON ROAD OOD, FL 32750	US			
		FEI Number Applied For (2)(b), F.S., the limited liabilit) FEI Number Not Applicable() y company did not receive the prior no		
Name and	d Address of Cu	rrent Registered Agen	t: Name and Addres	ss of New Registered Agent:	
5125 ADA SUITE 500	N SAFETY COUI NSON ST.) D, FL 32804 US	NCIL, INC.			
	e named entity su e of Florida.	bmits this statement for	the purpose of changing its regist	ered office or registered agent, or both	
SIGNATU	RE:				
	Electronic	Signature of Registered	d Agent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () D WILDER, GARY 1694 KINGSTON I LONGWOOD, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () D WILDER, HIROKO		Title: Name:	() Change () Addition	

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: GARY WILDER MGRM 08/03/2009