

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070074

Entity Name: USA WINGS LLC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

7427 SW 152ND AVE.
APT. # 202
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

7427 SW 152ND AVE.
APT. # 202
MIAMI, FL 33193

New Mailing Address:

P.O.BOX 770846
MIAMI, FL 33177

FEI Number: 26-3024333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, BRYAN E
7427 SW 152ND AVE.
APT. # 202
MIAMI, FL 33193 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: SHELTON, BRYAN E
Address: 7427 SW 152ND AVE APT. 202
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Delete
Name: PATEL, KAMAL
Address: 7510 SW 152ND AVE. APT. C107
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Delete
Name: YOUNGBLOOD, HUNTER S
Address: 2778 SW 31 CT
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHELTON, BRYAN E
Address: 7427 SW 152ND AVE.
City-St-Zip: MIAMI, FL 33193

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: BRYAN E. SHELTON

MR

02/25/2009

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