

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083129

FILED
Apr 28, 2009
Secretary of State

Entity Name: GYROCAM SYSTEMS AVIATION SERVICES, LLC

Current Principal Place of Business:

7345 16TH STREET EAST, C-101
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7345 16TH STREET EAST, C-101
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 26-3333174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCHE, DAVID L
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 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: CEO () Delete
Name: EGNER, DARRELL
Address: 7345 16TH STREET EAST, C-101
City-St-Zip: SARASOTA, FL 34243

Title: VP () Delete
Name: KIEHL, DANIEL
Address: 7345 16TH STREET EAST, C-101
City-St-Zip: SARASOTA, FL 34243

Title: VPC () Delete
Name: WRIGHT, DOUGLAS H.
Address: 7345 16TH STREET EAST, C-101
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

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

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

Title: VPC (X) Change () Addition
Name: WRIGHT, DOUGLAS H
Address: 7345 16TH STREET EAST, C-101
City-St-Zip: SARASOTA, FL 34243

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: DARRELL EGNER

CEO

04/28/2009

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