

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091273

**Entity Name:** AVIATION ACTIVITIES, LLC

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

855-5 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

855-5 ST. JOHNS BLUFF ROAD NORTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 26-3434637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, SPENCE J  
855-5 ST. JOHNS BLUFF ROAD NORTH  
JACKSONVILLE, FL 32225 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:** PD  
**Name:** EDWARDS, SPENCE J  
**Address:** 855-5 ST. JOHNS BLUFF ROAD NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32225

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: SPENCE J EDWARDS

PRES

04/14/2011

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