

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113574

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** MOBILE EXTREME TECH AVIATION SERVICES LLC

**Current Principal Place of Business:**

4756 W ATLANTIC BLVD #301 BLDG 3  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4756 W ATLANTIC BLVD #301 BLDG 3  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 26-2083118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSHALLECK, KIRKLAND  
4756 W ATLANTIC BLVD #301 BLDG 3  
MARGATE, FL 33063 US

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

MARSHALLECK, KIRKLAND  
4756 W ATLANTIC BLVD #301 BLDG 3  
MARGATE, FL 33063 US

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: K MARSHALLECK

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAMES, ROLLINGTON  
Address: 2628 NW 68 AVE  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: S ( ) Change (X) Addition  
Name: WILLIAMS-MARSHALLECK, MONCHINEE  
Address: 4756 W ATLANTIC BLVD APT 301  
City-St-Zip: MARGATE, FL 33063

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: K MARSHALLECK

CEO

04/29/2009

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