

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007816

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** HELICOPTER INSTITUTE LLC

**Current Principal Place of Business:**

2615 LANTANA ROAD  
SUITE B  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

2615 LANTANA ROAD  
SUITE B  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 26-4232500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWLES, RANDAL R  
2615 LANTANA ROAD  
SUITE B  
LANTANA, FL 33462 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:** MGR  
**Name:** ROWLES, RANDAL R  
**Address:** 12441 DIDO VISTA COURT  
**City-St-Zip:** FORT WORTH, TX 76179 US

**Title:** MGR  
**Name:** ROWLES, SAMANTHA C  
**Address:** 12441 DIDO VISTA COURT  
**City-St-Zip:** FORT WORTH, TX 76179 US

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:** RANDAL R ROWLES

MGR

03/01/2010

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