

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000056357

FILED
Mar 13, 2012
Secretary of State

Entity Name: PENTAGON AVIATION, LLC

Current Principal Place of Business:

3403 N.W. 9TH AVE
STE 804
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3403 N.W. 9TH AVE
STE 804
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 30-0569840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA SAAVEDRA, ENRIQUE L
3403 N.W. 9TH AVE
STE 804
FORT LAUDERDALE, FL 33309 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: ESTRADA SAAVEDRA, ENRIQUE LUIS
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR
Name: TUFRO, GUILLERMO
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR
Name: DE BARRIO, FELIX
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR
Name: FERNANDEZ YBARRA, HECTOR J
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR
Name: FERNANDEZ, HECTOR
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR
Name: CANDIA, MIGUEL
Address: 3403 N.W. 9TH AVE - STE 804
City-St-Zip: FORT LAUDERDALE, FL 33309

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: HECTOR FERNANDEZ YBARRA

MGR

03/13/2012

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