

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099136

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FLIGHTLOGICS AVIATION CONSULTING, LLC

**Current Principal Place of Business:**

5036 BENNINGTON PLACE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

4651 EXPLORER DRIVE  
APT 308  
WEST MELBOURNE, FL 32904 US

**Current Mailing Address:**

5036 BENNINGTON PLACE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

4651 EXPLORER DRIVE  
APT 308  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 26-1329914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAFFNEY, MICHAEL G  
5036 BENNINGTON PLACE  
ROCKLEDGE, FL 32955 US

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

GAFFNEY, MICHAEL G  
4651 EXPLORER DRIVE  
APT 308  
WEST MELBOURNE, FL 32904 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: MICHAEL G. GAFFNEY

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR

**Name:** GAFFNEY, MICHAEL G

**Address:** 4651 EXPLORER DRIVE - APT 308

**City-St-Zip:** WEST MELBOURNE, FL 32904 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: MICHAEL G. GAFFNEY

MGR

04/10/2012

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