

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010803

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** AVIATION INVESTIGATIONS, LLC

**Current Principal Place of Business:**

3019 NORTH SHANNON LAKES DR., SUITE 204  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3405 KILLIMORE CT.  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CUMMINGS, JEREMY R  
3405 KILLIMORE CT  
TALLAHASSEE, FL 32309 US

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

CUMMINGS, MARTHA I  
3405 KILLIMORE CT  
TALLAHASSEE, FL 32309 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: MARTHA I. CUMMINGS

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CUMMINGS, MARTHA  
Address: 3405 KILLIMORE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM  
Name: CUMMINGS, JEREMY  
Address: 3405 KILLIMORE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM  
Name: CUMMINGS SCIENTIFC, LLC  
Address: 3019 NORTH SHANNON LAKES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 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: MARTHA I. CUMMINGS

MGR

04/06/2011

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