

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066659

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HELICOPTERS OVER MIAMI LLC

**Current Principal Place of Business:**

MIAMI CENTER, 201 S. BISCAYNE BLVD.  
800  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

MIAMI CENTER, 201 S. BISCAYNE BLVD.  
800  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 25-2957288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARPER, GEROGE R  
MIAMI CENTER, 201 S. BISCAYNE BLVD.  
800  
MIAMI, FL 33131 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: MGRM  
Name: NAPOLITANO, GIANFRANCO  
Address: C/O 201 S. BISCAYNE BLVD. - SUITE 800  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: NAPOLITANO, JOSE RICARDO  
Address: C/O 201 S. BISCAYNE BLVD. - SUITE 800  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: FOLGUEIRA, LUIS F  
Address: C/O 201 S. BISCAYNE BLVD. - SUITE 800  
City-St-Zip: MIAMI, FL 33131 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: LUIS FOLGUEIRA

MGRN

04/28/2012

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