

42000073987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AND  
FILED

14 DEC -5 PM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
DEC 11 2014  
XNEM/27.1

Judith B. Calla  
Adventure Sport Aviation LLC  
3631 SW 2<sup>nd</sup> Avenue  
Cape Coral, FL 33914  
November 3, 2014

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

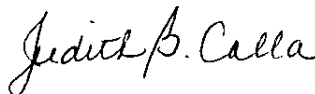
Dear Sir or Madam:

On June 1, 2012, Adventure Sport Aviation was organized and registered in the state of Florida. Our mission is to sell light sport aircraft. Since that time we have sought an aircraft manufacturer, and to this date no business has been transacted.

CT Corporation in Plantation, Florida, has been our registered agent. We would like to act as our own agent from this point on, and I have enclosed the filing form and fee for this purpose. Since we have not done this before, if something is incorrect, please contact me at 717-578-3203 or [jbcalla@adventuresportaviation.com](mailto:jbcalla@adventuresportaviation.com).

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Judith B. Calla".

Judith B. Calla  
Managing Member

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Adventure Sport Aviation LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith B. Calla

\_\_\_\_\_  
Name of Person

Adventure Sport Aviation LLC

\_\_\_\_\_  
Firm/Company

3631 SW 2nd Avenue

\_\_\_\_\_  
Address

Cape Coral, FL 33914

\_\_\_\_\_  
City/State and Zip Code

jbcalla@adventuresportaviation.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith B. Calla

\_\_\_\_\_  
Name of Person

at ( 717 )

578-3203

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Copy of letter*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2014

JUDITH B CALLA  
3631 SW 2 AVE  
CAPE CORAL, FL 33914

SUBJECT: ADVENTURE SPORT AVIATION LLC  
Ref. Number: L12000073987

We have received your document for ADVENTURE SPORT AVIATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 214A00024747

RECEIVED  
DEC -5 AM 11:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Adventure Sport Aviation LLC

2. (a) 3631 SW 2nd Avenue, Cape Coral, FL 33914 (b) 3631 SW 2nd Avenue, Cape Coral, FL

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3631 SW 2nd Avenue

Cape Coral, FL 33914

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3631 SW 2nd Avenue

Cape Coral, FL 33914

12/3/14

L12000073987

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Judith B. Calla

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Judith B. Calla

NEW Registered Office Address:

3631 SW 2nd Avenue

Cape Coral, FL 33914

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Judith B. Calla  
Signature of a member or authorized representative of a member

Judith B. Calla

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Judith B. Calla  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA