

L140000196049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY 12 AM 10:52

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@ 5/13/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON AERO, 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:

CHARLES CAPEL

Name of Person

AVALON AERO, LLC

Firm/Company

730 LOCK RD STE 96

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

Corey@avalon.aero

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

For further information concerning this matter, please call:

CHARLES CAPEL

Name of Person

at (303) 704 - 8187

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

INHS18 (2/14) \$35.00 CHECK INCLUDED WITH ORIGINAL CORRESPONDENCE
AND CASHED BY DIVISION OF CORPORATIONS ON 21 APRIL 2015.
PLEASE RETURN \$10.00 TO ADDRESS ABOVE.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

CHARLES CAPEL
AVALON AERO, LLC
730 LOCK RD - STE. 96
DEERFIELD BEACH, FL 33442

SUBJECT: AVALON AERO, LLC
Ref. Number: L14000196049

We have received your document for AVALON AERO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00008084

RECEIVED

15 MAY 12 AM 11:22

DEPARTMENT OF STATE
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: AVARON AERO, LLC

2. (a) 730 LOCK RD STE 96 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

DEERFIELD BEACH, FL 33442

3. 12/30/2014 4. L14000196049
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAKS CT STE A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) CHARLES CAPEL
Enter name of NEW Registered Agent and/or NEW Registered Office address:

730 LOCK RD STE 96
NEW Registered Office Address:

DEERFIELD BEACH, FL 33442

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.

[Signature]
Signature of a member or authorized representative of a member

CHARLES CAPEL, OWNER
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.

[Signature]
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY 12 AM 10:52