	, and NOTICE:	File on or i	before Sept. : . If dissolved	30, 1998 , minimu	or Limited L ım amount (	lability due to re	Company will I	be 75				
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS									SECRETARY OF STATE DIVISION OF COMPORATIONS  99 FEB -8 PM 12: 14			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									23	I CO TO	1 17 12 1 14	
1. Name	1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9300000451											
DP AERO, L.C. 3013 VILLA ROSA PARK TAMPA FL 33611								301	18. Principal Place of Business Address 3013 VILLA ROSA PARK TAMPA FL 33611			
2 Principal Place of Business				2a. Mailing Address				3. Date	o Organiza	ed or Qualified	3a. State of Formation	
Suite, Apt #, etc				Suite, Apt. #, etc.					17/1 Number	993	FL.	
City & Sta	City & State			Crty & State			·	_     59-	☐ Applied F ☐ Not Appli			
<b>Z</b> ip		Country		Zip		Count	ry	}		·	6. Certificate of Status Desired  88.75 Additional Fee Required	
7. Name and Address of Current Registered Agent						8. Name and Add					tered Agent/Office	
TAMPA FL 33611  Suite, Apt #, etc.								ic.	O. Box Number is Not Acceptable)  Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  The purpose of changing is registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.  DATE  DATE  The purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.												
10. Title	Mar	<del> </del>	oers/Managers		<del>       </del>	Busine	ess Street Address	s		City	State and Zip Code	
мем	DEWEESE, WILLIAM O 4033					PRIORY CIRCLE				TAMPA	FL	
MEM	PUFFER, -JOHN W III				3013 VILLA ROSA PARK					TAMPA	FL	
,   	90	0000 -02 **	12777 716/99 **688.75	72:81 01082 ***		2			90 90	10002 -02/1 ****	6/9901082002 188.75 ****188.75	
	REINSTATEMENT 9849										8.49	
•											cm	
11 Ido hereby cutify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my 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 true receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address												
SIGNATURE: 12/30/98 (8/3)485-1/28												

INTISE (0 R (5 98)