

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

APPROVED
AND
FILED

97 AUG 18 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000519

JET AMERICA CHARTERS, L.C.
C/O PATRICK J. O'SHEA
2735 S. MELLONVILLE AVE., SUITE 101
SANFORD FL 32773

1a. Principal Place of Business Address

C/O PATRICK J. O'SHEA
2735 S. MELLONVILLE AVE., SUI
SANFORD FL 32773

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

07/05/1995

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

57-1048025

5. Date of Last Report

6. Certificate of Status Desired

06/11/1996

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

O'SHEA, PATRICK J
JET AMERICA CHARTERS, L.C.
2735 S. MELLONVILLE AVE., SUITE 101
SANFORD FL 32773

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(If a New Agent is Accepted Appointment) (If Old Registered Agent Signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	O'SHEA, PATRICK J	2735 S. MELLONVILLE, #101	SANFORD FL
MGRM	O'SHEA, PATRICK J	2735 S. MELLONVILLE, #101	SANFORD FL
MGRM	O'SHEA, PATRICK J JUDITH L	2735 S. MELLONVILLE, #101	SANFORD FL
MGRM	O'SHEA, PATRICK J BAKER, DONALD	2735 S. MELLONVILLE, #101	SANFORD FL
MGRM	O'SHEA, PATRICK J STACY, GARY D	2735 S. MELLONVILLE, #101	SANFORD FL
MGRM	FOOTLE, LENDON C	2735 S. MELLONVILLE, #101	SANFORD FL

300002272203--4

-08/20/97--01060--001

****212.50 ****212.50

8/18/97

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 the 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:

PATRICK J. O'SHEA 8/1/97 (407) 323-3100