File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY 🔏 Sandra B. Mortham ANNUAL REPORT 98 MAY -4 PM 4: 09 Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE ALLAHASSEE, FLORIDA Name and Malling Address
of Limited Liability Company DOCUMENT # L96000001314 1a. Principal Place of Business Address FLY HOME WINGS, L.C. 1117 LADY GUINEVERE DRIVE 1117 LADY GUINEVERE DRIVE VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/17/1996 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3416110 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Lee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent TRUGILLO, LEE E JR. Street Address (P.O. Box Number is Not Acceptable) 1117 LADY GUINEVERE DRIVE VALRICO FL 33594 Sulte, Apt. #, etc. City 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 I signature required when reinstating) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code TRUGILLO, CHRISTOPHER 1117 LADY GUINEVERE DRIVE MGRM VALRICO FL MEM TRUGILLO, KATHERINE L 1117 LADY GUINEVERE DRIVE VALRICO FL MEM TRUGILLO, LEE E JR. 1117 LADY GUINEVERE DRIVE VALRICO FL 6000025**/4** -05/06/98--**(** 11. I do hereby certify that the information supplied with this filling 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 Ilmited 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:

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