

FROM: Jorge L. Reyes C.P.A.

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2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90255 003 ****55.00

DOCUMENT # L98000003328

1. Entity Name

DRAGON AEROSPACE, LLC

Principal Place of Business

Mailing Address

C/O
Lisette Pie Salazar, P.A.
240 Crandon Blvd. Suite 266
Key Biscayne, FL 33149C/O
Lisette Pie Salazar, P.A.
240 Crandon Blvd. Suite 266
Key Biscayne, FL 33149**960496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886158**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, NORMAN T

Name

Lisette Pie Salazar, P.A.**C/O ROBERTS & SALAZAR, LLP**

Street Address

240 Crandon Blvd. Suite 266**50 W. MASHTA DRIVE, SUITE 2****KEY BISCAYNE FL 33149**

City

Key Biscayne**FL**

Zip Code

331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAIGNEL, LUCIENNE
50 W. MASHTA DRIVE, SUITE 2
KEY BISCAYNE FL 33149** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

11. I 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 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.

SIGNATURE: **Bl... Reyes****2013002**