2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003491 1. Entity Name SLD AVIATION, LLC				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
710 LAKE DRIVE 710		Mailing Address 710 LAKE DRIVE BOCA RATON FL 33432-62	227			
					88188 (1)11 B1818 (818) (1)8 (1)8	
2. Principal Place of Business 3.		- Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number APPLIED FOR	Applied For Not Applicable	
Zip	Country	Zip	Country	5 Certificate of Status Desired	96.00 Additional Fee,Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered	Agent	
710 LAKE	RTY, STEVEN E DRIVE TON FL 33432	- 56740	Street Address	ss (P.O. Box Number is Not Acceptable)	्राच्या करें के स्वर्थ के किस	
			City	Fl	Zip Code	
8. The above	named entity submits this statement for the	ne purpose of changing its	ـــــــــــــــــــــــــــــــــــــ	stered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and	FILE NO	Registered Agent signature requirements W!!! FEE IS \$50.0 yable to Department	0		
9.	MANAGING MEMBER		10.	ADDITIONS/CHANGES		<u>5</u>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR DOUGHERTY, STEVEN 710 LAKE DRIVE BOCA RATON FL 33432	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	en e	Change Addition	2E083 (9/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/ 21.5/00	Change Addition	5
TITLE MAME		☐ Deista	TITLE NAME	V	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	40000314 0 -02/21/000 *****50.00	7840	
TITLE MAME STREET ADDRESS CITY-8T-21P	j.	□ Deleta	TITLE NAME STREET ADDRESS CITY-8T-ZIP	************************************	大学学・	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	```	☐ Delete	TITLE NAME STREET ADDRESS CITY-81-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
indicated	certify that the information supplied with the on this report is true and accurate and the billity company or the receiver or trustee e	at my signature shall have tl	he same legal effect as i	Section 119.07(3)(i), Florida Statutes. I further ce f made under oath; that I am a managing membapter 608, Florida Statutes.	rtify that the information er or manager of the	

BESEDIFON AT ION LIC, Mr A 1/15/UU 5613478142
SCHING MANAGING MEMBER OR MANAGER

Date

Date

Description Phone # **SIGNATURE:** YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER