

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003898**

1. Entity Name  
**FLIGHTLEVEL, L.C.**



Principal Place of Business

**400 NUT TREE DRIVE  
SUITE 1  
DELAND, FL 32724-6250**

Mailing Address

**400 NUT TREE DRIVE  
SUITE 1  
DELAND, FL 32724-6250**

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3586472**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAUER, KIRK T  
3355 BLACK BEAR TRAIL  
DELAND, FL 32724**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
TITCOMB, KENT S MGR  
400 NUT TREE DRIVE  
DELAND, FL 327246250**

TITLE  
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07/16/04-80009-020 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**KENT S. TITCOMB, MGR.**

Daytime Phone #