2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004479

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

1. Entity Name

SNA AVIATION, L.L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90041 004 ****50.00

Daytime Phone #

Principal Plac	e of Business	Mailing Address						
208 REMINGTON GREEN CIR. N. SUITE 200 ALLAHASSEE FL 32308 2. Principal Place of Business		2808 REMINGTON GREEN TALLAHASSEE FL 32308	2808 REMINGTON GREEN CIR. N. SUITE 200 TALLAHASSEE FL 32308 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State			ber 59-3587498	 +	Applied For
Zip	Country	Zip Co		ntry	5. Certifica	te of Status Desired	□ \$5.00 A Fee Requi	dditional
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	-	7. Name and Address of New Registered Agent			
2808	LEY, DAN FREMINGTON GREEN CIR. N.; S AHASSEE FL 32308		. ~	Name Street Addres	s (P.O.:Box Num	ber is Not Acceptable)		
		·	•				FL Zip Co	de
	named entity submits this statemen ions of registered agent.	t for the purpose of changing it	s register	ed office or regis	tered agent, or b	ooth, in the State of Flor	ida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ANO	TE. Basistass	ed Agent signature requ	irad when reinstating)		DATE	
	MANAGING MEN	Make Check Payat Du	ble to Fl	ay 1, 2003		ADDITIONS/	CHANGES	
9.	MANAGING MEMBERS / MANAGERS MGRM Delete		TITL	•		Abbillono	☐ Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	AUSLEY, DANIEL M 2808 REMINGTON GREEN CIT TALLAHASSEE FL 32308		NAM STR	1			change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete and	NAM STRI	AE EET ADDRESS (-ST-ZIP	ر مین کهوست کا میکود.	AND THE PARTY OF T	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u></u>		☐ Change	Addition
indicated	certify that the information supplied was the control of the contr	nd that my signature shall have	e the sam	e legal effect as i	if made under oa	ith; that f am a managi	further certify that the ng member or mana	information ger of the

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE