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DOCUMENT # M0000001063  1. Entity Name MOUNTAIN AVIATION, LLC							FILED	- <b>0</b> l		
Principal Place of Puningers Mailing Address						. 01	JAN 31 PM	12: 24		
Principal Place of Business Mailing Address					.	UI	عربر المارد	STATE		
21 WEST LAS OLAS BLVD.  FT. LAUDERDALE FL 33301  21 WEST LAS OLAS BLVD.  FT. LAUDERDALE FL 33301  FT. LAUDERDALE FL 33301					~	S T,I	ECRETARY OF	LORIDA		
2. Principal Place of Business 3. Mailing Address								i <b>Pa</b> lii <b>Ta</b> ide Badk B	Ēļēi ijaļi daļia	<b>8</b> 14 <b>8.9</b> 1214 2 <b>98</b> 8
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State				4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Count	try		5. Certif	ficate of Status Desired	, ,	\$5.00 Add	ditional
	6. Name and Address of Current R	Registered Agent	1	<u> </u>		7 Name	e and Address of Nev			<u>u</u>
	•			Name						
-	, STEVEN J		ŀ	Street A	ddress (P	O. Box N	lumber is Not Accepta	ble)		
	LAS OLAS BLVD. DERDALE FL 33301		Ì					<del>.</del>	·	
PI. LAGO	ERDALE PL 33301			City				FL	Zip Code	θ
A The above	pamed entity submits this statement for	the ourpose of changing its	reaistere	nd office o	r reaistere	ed agent, e	or both, in the State of			
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 ar	nd title if applicable. (NOT	E: Registered	I Agent signat	ture required v	when reinstati	ng)	DATÉ		
			OWILL D	-EE 10 (	יבט טט				•	
	•	Make Check Pa		FEE IS \$ Depart		State				- 1
<del></del>	MANAQING MEMPE	DO (MEMBERO	1 10	[		<u>-</u>	ADDITION	IS/CHANGES		
DITLE	Managing Member		10. TITLE		man	aging		15/ OFIANGLE	☐ Change	Addition
NAME	Steven J. OHalmas		NAME	<b>E</b>	Stev	وس ت	Halmos			$\sim$
STREET ADDRESS CITY-ST-ZIP	21 West Las Olas Blud	33301		et adoréss - St-ZIP			o clas Blud erdale, FL	33301		
TITLE	Ft Louderdole FL		TITLE		Mon	aher		3500,	Change	Addition
NAME			NAME	E	Mad	عمنماره	C. Halmos		•	~
STREET ADDRESS CITY-ST-ZIP	<u></u>		9	ET ADDRESS -ST-ZIP			Olas Blvd erdale FL	3330/		
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NAME	,		NAME							
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TITLE		☐ Delete	TITLE				~	<del>38/010</del> **50.00	Change	Addition
NAME			NAME				न के क	***********	不守守守。	ֆՄ. ՄՍ
STREET ADDRESS CITY-ST-ZIP		,	1 .	ET ADDRESS -ST-ZIP					•	
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS						
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NAME STREET ADDRESS			NAME	ET ADDRESS						
CITY-ST-ZIP		•		ST-ZIP						
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 employered to execute this report as required by Chapter 608, Florida Statutes.										
MENTAL 1/2C/01										
SIGNATURE:  SIGNATURE AND TYPED OR PEINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Description Proces #										

2001 UNIFORM BUSINESS REPORT (UBR)