
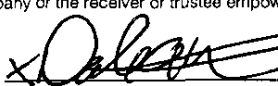


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90059 028 ****50.00

DOCUMENT # M00000001425					
1. Entity Name INTERNATIONAL AVIATION SERVICES, LLC					
Principal Place of Business 11750 FUEL FARM ROAD SOUTHWEST FLORIDA INTL. AIRPORT FORT MYERS, FL 33913 US			Mailing Address 2614 N. SUGAR BUSH RD. PO BOX 112 NEW FRANKEN, WI 54229 US		
2. Principal Place of Business Southwest FL Intl Airport			3. Mailing Address		
Suite, Apt. #, etc. 15960 Chamberlin Pkwy			Suite, Apt. #, etc.		
City & State Ft. Myers FL			City & State		
Zip 33913		Country USA		Country	
6. Name and Address of Current Registered Agent AMATO, LOUIS X 801 LAUREL OAK DRIVE SUITE 615 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, JAMES R 2614 N. SUGAR BUSH RD. NEW FRANKEN, WI 54229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, DALE A 2614 N. SUGAR BUSH RD. NEW FRANKEN, WI 54229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSON, JUAN 15450 SW 232 STREET MIAMI, FL 33170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Dale A. Roberts			April 14, 2004 920 866 9001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 39-1999150 Applied For Not Applicable

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