## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0000002157

1. Entity Name

## **DELTA AIRCRAFT TECHNICAL LLC**



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90035 035 \*\*\*\*50.00

1								
1	ace of Business	Mailing Address		·				
5941 PARK RIDGE CIR. PORT ORANGE FL 32127		5941 PARK RIDGE CIR. PORT ORANGE FL 3212	5941 PARK RIDGE CIR. PORT ORANGE FL 32127			٠.	_	
2. Principal	Place of Business	3. Mailing Address	<del></del>	· · · ·				
Suite, Ap	t. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.		- Conserve on south south series series daile (164) (164) (164) (164) (164)			
City & Sta		33.to, Apt. 11, 0to.			☐ CHECK HERE	E IF MAKIN	IG CHANG	ES
	ate	City & State	•		4. FEI Number 59-36762	57		Applied For
Zip	Country	Zip	Count	гу	5. Certificate of Status Desired			Not Applicabl Additional
	<ol><li>Name and Address</li></ol>	of Current Registered Agent	<u> </u>		7. Name and Address of New	Pealstored	Fee Requ	lired
LEX	IS DOCUMENT SERVICE	ES INC		Name	The Addition of the state of th	negistered	Agent	<del>-</del>
395	3 W.W. KELLEY RD.		Street Address		(P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32311		-		· · · · · · · · · · · · · · · · · · ·	<del></del>		
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·			Ī	City		FL	Zip C	ode
the obliga-	named entity submits this s tions of registered agent	statement for the purpose of changing	its registered	d office or register	red agent, or both, in the State of Flo	orida. I am	familiar wit	h and accent
	and or regional agent.							n, and accept
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (NO	OTE: Registered A	Agent signature required	(when evicetation)			
	· · · · · · · · · · · · · · · · · · ·			EE IS \$50.00	, who i fall lacating)	DATE		
		Make Check Paya	ble to Flor	⊏ IO 300.00 rida Denartmo	nt of State			
		Di	ue By May	/ 1, 2003	in or state			
9.	MANAGIN	NG MEMBERS/MANAGERS	10.		ADDITIONS /	CHANGE		<del></del>
TITLE NAME	MGRM	☐ Delete	TITLE		ADDITIONS	CHANGES	☐ Change	☐ Addition
STREET ADDRESS (	EMERICK, STEVEN 5941 PARK RIDGE CIR	^IE	NAME					Addition
CITY-ST-ZIP	PORT ORANGE FL 321			ADDRESS				
TITLE				T_ 71D				
	MGRM			T-ZIP		<del></del>	<del></del>	
NAME	SIGMA AIRCRAFT MAN	Delete	TITLE NAME	T-ZIP			☐ Change	☐ Addition
NAME Street address	SIGMA AIRCRAFT MAN 232 E 50TH STREET	Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SIGMA AIRCRAFT MAN	AGEMENT LLC	TITLE NAME	ADDRESS			☐ Change	☐ Addition
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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:** 

JRE: SIGNATURE REDUREBA-B Enerick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/03 386-756-5839