2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # M0100000735 1. Entity Name SPIRIT AVIATION SERVICES LLC						04-25-2006 90016 008 ****50.00				
Principal Place 4601 NORTH FORT WORTH	I MAIN HANE CR	Mailing Address 2800 EXECUTIVE WAY MIRAMAR, FL 33025				20039	4013			
2 Principal P	lace of Business	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192006	Chg-LLC	CR2E083 (11/	05)		
City & State		City & State			4. FEI Number 75-2923			Applied For Not Applicable		
Zip	Country	Zip	p Country				f Status Desired	□ \$5.00 Fee Rec	Additional	
	6. Name and Address of Current I	L Registered Agent				7. Name and	Address of New R		lonac	
CTCOPP	ODATION SYSTEM			Name			· · · - · · · · · · · · · · · · · · · ·			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
	·									
•				City		FL Zip Code				
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	ed office or re	registered	d agent, or both	, in the State of Flo	orida. I am familiar v	with, and accept	
SIGNATURE .	Signature, typed or printed name on polistered agent a	nd title if applicable. (NOTE:	Registered	1 Agent signature	e required wh	hen reinstating)		DATE		
5-5-2	<u> </u>							•	,	
Fi Di	ling Fee is \$50.00 tue by May 1, 2006							e check payable a Department of :		
9.	MANAGING MEMBE	RS/MANAGERS	10.			1	ADDITIONS/	CHANGES		
TITLE	P ANNE	Delete	TITLE					☐ Cha	nge 🔲 Addition	
NAME	•									
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Thereby certify that the information supplied with risk alling does not quality for the exemptions contained in Chapter 119, Horida 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 receive) or true perfective of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WIN 11 STUDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN R. SAVERSON

4-19-06 954-447-7965