

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90152 025 ****50.00

DOCUMENT # M02000002347



1. Entity Name
ODYSSEY AVIATION, LLC

Principal Place of Business
1515 PERMETER RD
WEST PALM BEACH, FL 33406

Mailing Address
C/O HARVEY L. ARMSTRONG
1700 SEAPORT BLVD., 4TH FLOOR
REDWOOD CITY, CA 94063

60004634

2. Principal Place of Business - No P.O. Box #
1515 Perimeter Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State
West Palm Beach, FL

City & State

4. FEI Number
65-0745273

Applied For
Not Applicable

Zip
33406

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ARMSTRONG, HARVEY L
1700 SEAPORT BLVD., 4TH FLOOR
REDWOOD CITY, CA 94063 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/07 650-210-5100