

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003245

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** RAB AVIATION, LLC

**Current Principal Place of Business:**

15200 MADISON RD.  
SUITE 101  
MIDDLEFIELD, OH 44062

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1359  
MIDDLEFIELD, OH 44062

**New Mailing Address:**

**FEI Number:** 42-1584320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEINERS, LOUIS M JR  
200 AVIATION DRIVE  
SUITE 2  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BONNER, RICHARD A  
**Address:** 15200 MADISON RD., SUITE 101  
**City-St-Zip:** MIDDLEFIELD, OH 44062

**Title:** MGRM  
**Name:** CAIN, JILL E  
**Address:** 15200 MADISON RD., SUITE 101  
**City-St-Zip:** MIDDLEFIELD, OH 44062

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RICHARD A BONNER

MGRM

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date