

MD3000001382

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FILED
2009 AUG 18 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

BE AEROSPACE SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

C. LEWIS

AUG 19 2009

EXAMINER

RECEIVED
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DOCUMENT # M03000001382

1. Entity Name
BE AEROSPACE SERVICES, LLC

FILED

2009 AUG 18 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08182008 REIN-LLC CR2E101 (1/07)

Principal Place of Business
1400 CORPORATE CENTER WAY
WELLINGTON, FL 33414Mailing Address
1400 CORPORATE CENTER WAY
WELLINGTON, FL 33414

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

a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1209798

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$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 state if applicable

Madonna Cuddihy
Special Assistant Secretary

8-18-09

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
BE AEROSPACE, INC.
STREET ADDRESS
1400 CORPORATE CENTER WAY
CITY-ST-ZIP
WELLINGTON, FL 33414☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 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

Filing Fee

Ellen Caplan

C.F.