

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

04-26-2007 90037 035 ***150.00

DOCUMENT # M04000001019

1. Entity Name
LINKS AERO, LLC



Principal Place of Business
**1271 N. ELGIN PKWY
SHALIMAR, FL 32579**

Mailing Address
**1271 N. ELGIN PKWY
SHALIMAR, FL 32579**



04152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0774355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34101**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHOCTAW MANAGEMENT SERVICES, LLC
1271 N. ELGIN PKWY
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

5-16-07

850-244-2066