

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000644

Entity Name: AERORESIDUALS, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

New Principal Place of Business:

Current Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 84-1660525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 () Delete
Name: NETSMOOR, INC.,
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR () Delete
Name: KELLSTROM COMMERCIAL, AEROSPACE, IN C .
Address: 3701 FLAMINGO ROAD
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Delete
Name: DRAWBRIDGE SPECIAL O, PPORTUNITIES F U ND, LP
Address: 1251 AVENUE OF THE AMERICAS, 16TH FLOOR
City-St-Zip: NEW YORK, NY 10020

Title: MGR () Delete
Name: MONTROSE PARTING, LL, C
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DUANE L SMITH

SVP

01/19/2009

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