## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jan 10, 2008 8:00 am Secretary of State DOCUMENT # M05000002540 01-10-2008 90018 012 \*\*\*138.75 GLOBAL AIRCRAFT SERVICES OF FLORIDA, L.C. Principal Place of Business Mailing Address 60000612 4500 CLAIRE CHENNAULT 4500 CLAIRE CHENNAULT **SUITE 103** SUITE 103 ADDISON, TX 75001 ADDISON, TX 75001 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4354 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0463510 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MM TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME KATONICA, GREG NAME 4500 CLAIRE CHENNAULT #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ADDISON, TX 75001 CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TIT) F Сhалде ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED BEPRESENTATIVE

**FILED** 

Daytime Phone #