

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # M05000004107

1. Entity Name
FLY ME, LLC



Principal Place of Business
117 NORTH BROADWAY STREET
TUPELO, MS 38804

Mailing Address
117 NORTH BROADWAY STREET
TUPELO, MS 38804

DO NOT WRITE IN THIS SPACE



05102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
64-0893074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, G. THOMAS
510 EAST ZARAGOZA
PENSACOLA, FL 32502

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GREER, MICHAEL D
117 NORTH BROADWAY STREET
TUPELO, MS 38804

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

000000565500
05/20/06-80137-016 50.00

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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 608, Florida Statutes

SIGNATURE: _____

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

5/10/06 642-842-5345

Date

Daytime Phone #