

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 002 ***138.75

DOCUMENT # M05000005062

1. Entity Name
AERO ZAP III, LLC



Principal Place of Business
**250 SOUTH AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 SOUTH AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.



04142008 Chg-LLC CR2E083 (12/06)

City & State
West Palm Beach FL
Zip
33409 Country

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West Palm Beach FL
Zip
33409 Country

4. FEI Number
20-2948756 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 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**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCHLESINGER, RICHARD**
STREET ADDRESS **250 SOUTH AUSTRALIAN AVE., SUITE 1003**
CITY - ST - ZIP **WEST PALM BEACH, FL 33401**

TITLE **MGR** ☐ Delete
NAME **SCHLESINGER, ADAM**
STREET ADDRESS **250 SOUTH AUSTRALIAN AVE., SUITE 1003**
CITY - ST - ZIP **WEST PALM BEACH, FL 33401**

TITLE **---** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1801 S. Australian Ave**
CITY - ST - ZIP **West Palm Beach FL 33409**

TITLE ☒ Change ☐ Addition
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NAME
STREET ADDRESS
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #