

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002408

FILED
Apr 20, 2009
Secretary of State

Entity Name: AVIONICS SOLUTIONS WORLDWIDE LLC

Current Principal Place of Business:

14645 CHRISTEN DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

2272 KOESTER DRIVE
HILLIARD, FL 32046

Current Mailing Address:

14645 CHRISTEN DRIVE
JACKSONVILLE, FL 32218

New Mailing Address:

2272 KOESTER DRIVE
HILLIARD, FL 32046

FEI Number: 20-3938912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOREE, MARK
14645 CHRISTEN DRIVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

BOREE, MARK A
2272 KOESTER DRIVE
HILLIARD, FL 32046 US

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: MARK A BOREE

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOREE, MARK
Address: 14645 CHRISTEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: ALEWINE, KEVIN
Address: 14645 CHRISTEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOREE, MARK A
Address: 2272 KOESTER DRIVE
City-St-Zip: HILLIARD, FL 32218

Title: MGRM (X) Change () Addition
Name: BOREE, STEPHANIE C
Address: 2272 KOESTER DRIVE
City-St-Zip: HILLIARD, FL 32046

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: STEPHANIE C BOREE

MGRM

04/20/2009

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