

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000314

**Entity Name:** IMMACULATE FLIGHT, LLC

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5500 44TH ST. SE  
BUILDING 200, SUITE 101  
GRAND RAPIDS, MI 49512

**New Principal Place of Business:**

5500 44TH ST SE  
BUILDING 200  
GRAND RAPIDS, MI 49512

**Current Mailing Address:**

P.O. BOX 8336  
GRAND RAPIDS, MI 49518

**New Mailing Address:**

**FEI Number:** 51-0537163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: LOGAN, BRETT  
Address: P.O. BOX 8336  
City-St-Zip: GRAND RAPIDS, MI 49518

I hereby 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: JENNIFER R LESINSKI

CONT

02/20/2012

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