

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002311

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: AVIATION FLIGHT SERVICES, LLC

**Current Principal Place of Business:**

951 SHOTGUN ROAD  
SUNRISE, FL 33326

**New Principal Place of Business:**

510 SHOTGUN ROAD  
110  
SUNRISE, FL 33326

**Current Mailing Address:**

951 SHOTGUN ROAD  
SUNRISE, FL 33326

**New Mailing Address:**

510 SHOTGUN ROAD  
110  
SUNRISE, FL 33326

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ROBBINS EQUITAS, P.A.  
2639 DR. MLK JR STREET NORTH  
SAINT PETERSBURG, FL 33704 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: MGR ( ) Delete  
Name: WAGNER, SEAN  
Address: 951 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WAGNER, SEAN  
Address: 510 SHOTGUN ROAD, SUITE 110  
City-St-Zip: SUNRISE, FL 33326

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: MARY JO KAMEKA

MGR

04/27/2009

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