

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003863

Entity Name: EX2 AVIATION, LLC

FILED  
Jul 02, 2009  
Secretary of State

**Current Principal Place of Business:**

1813 EAGLES CREST DRIVE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

1813 EAGLES CREST DRIVE  
PORT ORANGE, FL 32128

**New Mailing Address:**

176 ST. IVES WAY  
ZELIENOPLE, PA 16063

FEI Number: 26-3151876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RAWLINGS, EDWARD  
1813 EAGLES CREST DRIVE  
PORT ORANGE, FL 32128      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      ( ) Delete  
Name: RAWLINGS, EDWARD  
Address: 176 SAINT IVES WAY  
City-St-Zip: ZELIENOPLE, PA 16063

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDWARD D. RAWLINGS

MGRM

07/02/2009

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