FILED
Mar 26, 2003 8:00 am
Secretary of State
01-24-2003 90248 049 ****50.00

1/2

1/2

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55019670

DOCUMENT # M94000000009

1. Entity Name
Mountain Aircraft Services, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
8517 NW 68th St	PO Box 488	56-1847401	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Miami FL	City & State: Denver NC		
Zip: 33166 Country: USA	Zip: 28037 Country: USA	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBER MANAGING MEMBERS/MANAGERS

TITLE → NAME: Air T, Inc.	STREET ADDRESS: 3524 Airport Rd	CITY-ST-ZIP: Maiden NC 28650	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CEO 1/16/03 (828) 464-8741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #