

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 049 ****50.00

DOCUMENT # M98000000666

1. Entity Name
PREFCO V HOLDINGS LLC



60024304

Principal Place of Business *c/o EntreCops Financial LLC* Mailing Address *c/o EntreCops Financial LLC*
C/O PITNEYBOWES CREDIT CORPORATION **C/O PITNEYBOWES CREDIT CORPORATION**
27 WATERVIEW DRIVE **27 WATERVIEW DRIVE**
SHELTON, CT 06484 **SHELTON, CT 06484**

2. Principal Place of Business - No P.O. Box #

3 Corporate Drive

Suite, Apt. #, etc.

Suite 300

City & State

Shelton, CT

Zip

06484-6222

Country

USA

3. Mailing Address

3 Corporate Drive

Suite, Apt. #, etc.

Suite 300

City & State

Shelton, CT

Zip

06484-6222

Country

USA

02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number

06-1535885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **HARLOW AIRCRAFT INC.**
STREET ADDRESS **27 WATERVIEW DRIVE**
CITY-ST-ZIP **SHELTON, CT 06484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Mgr.** ☒ Change ☐ Addition
NAME **Harlow Aircraft Inc**
STREET ADDRESS **3 Corporate Drive Ste 300**
CITY-ST-ZIP **SHELTON, CT 06484-6222**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lawrence D. Osinski President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #