

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000422

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: EPIC AVIATION, LLC

**Current Principal Place of Business:**

1790 16TH STREET SE  
SALEM, OR 97302

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12249  
SALEM, OR 97309

**New Mailing Address:**

FEI Number: 93-1069451

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 ( ) Delete  
Name: VALLEY GULL, LLC  
Address: 1790 16TH STREET SE  
City-St-Zip: SALEM, OR 97302

Title: MGRM ( ) Delete  
Name: BP PRODUCTS NORTH AMERICA, INC.  
Address: 28301 FERRY ROAD  
City-St-Zip: WARRENVILLE, IL 60555

Title: MGRM ( ) Delete  
Name: N/A  
Address: N/A  
City-St-Zip: N/A, N/ N/A

Title: MGRM ( ) Delete  
Name: N/A  
Address: N/A  
City-St-Zip: N/A, N/ N/A

Title: MGRM ( ) Delete  
Name: N/A  
Address: N/A  
City-St-Zip: N/A, N/ N/A

Title: MGRM ( ) Delete  
Name: N/A  
Address: N/A  
City-St-Zip: N/A, N/ N/A

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: MIKE W. DELK

CEO

04/15/2009

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