## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000998

Entity Name: AEROPARTNERS, LLC

**Current Principal Place of Business:** 

4615 N HALE AVE TAMPA, FL 33614

**Current Mailing Address:** 

P.O. BOX 15877 TAMPA, FL 33684

FEI Number: 59-3621364 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US

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

FILED Jan 08, 2014

**Secretary of State** 

CC9576931849

Authorized Person(s) Detail:

Title MGRM Title

Name FERNANDEZ, PETER J Name WHITE, RONALD A

Address 11702 WESSON CIRCLE WEST Address 4918 WEST BAYWAY PLACE

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33629

Title MGRM

Name SKYSTONE, LP

Address 1910 NE 30TH AVE.

City-State-Zip: PORTLAND OR 97212

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETE FERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

**MGRM** 

01/08/2014

Date