## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026751

Entity Name: ASPEN AVIATION, LLC

**Current Principal Place of Business:** 

C/O DAVID G BUDD 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108

**Current Mailing Address:** 

C/O DAVID G BUDD 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108 US

FEI Number: 22-3884360 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STARMAN, SHELDON W 2375 TAMIAMI TRAIL NORTH SUITE 110 NAPLES, FL 34103 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** Apr 25, 2014

**Secretary of State** 

CC7930960339

Authorized Person(s) Detail:

Title **MGRT** Title AMGR, S

STARMAN, SHELDON W Name Name BUDD, DAVID G

2375 TAMIAMI TRAIL NORTH, SUITE 5551 RIDGEWOOD DR STE 501 Address Address

110

NAPLES FL 34108 City-State-Zip: City-State-Zip: NAPLES FL 34103

Title AS Title **AMGR** 

Name LAPIN, DAVID A Name DAVIS, JULIA M

Address 9201 W OLYMPIC BLVD, STE 200 9201 W OLYMPIC BLVD STE 200 Address

City-State-Zip: BEVERLY HILLS CA 90212 BEVERLY HILLS CA 90212 City-State-Zip:

Title **AMGR** T, SIMON Name Address P.O. BOX 1099

SANTA MONICA CA 90406-1099 City-State-Zip:

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.

04/25/2014 SIGNATURE: DAVID G BUDD **AMGR**