

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096473

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC7026518965**

**Entity Name:** PETER PRINCE AVIATION CENTER LLC

**Current Principal Place of Business:**

5800 AVIATION DRIVE  
MILTON, FL 32583

**Current Mailing Address:**

5800 AVIATION DRIVE  
MILTON, FL 32583 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLLUM, ARCHIE LJR  
5801 FOXWOOD ROAD  
MILTON, FL 32570 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

**Authorized Person(s) Detail :**

|                 |                         |                 |                 |
|-----------------|-------------------------|-----------------|-----------------|
| Title           | MGR                     | Title           | MGR             |
| Name            | COLLUM, ARCHIE LJR      | Name            | PAQUET, MICHAEL |
| Address         | 5801 FOXWOOD ROAD       | Address         | 5653 NICKLAUS   |
| City-State-Zip: | MILTON FL 32570         | City-State-Zip: | MILTON FL 32570 |
|                 |                         |                 |                 |
| Title           | MGR                     | Title           | MGR             |
| Name            | YOUNG, DAVID BRUCE      | Name            | GALDIERI, JOHN  |
| Address         | 6132 WILLARD NORRIS RD. | Address         | 9475 JET LANE   |
| City-State-Zip: | MILTON FL 32570         | City-State-Zip: | EASTON MD 21601 |
|                 |                         |                 |                 |
| Title           | MGR                     |                 |                 |
| Name            | BLACKBURN, WILLIAM S    |                 |                 |
| Address         | 7000 EASTGATE RD        |                 |                 |
| City-State-Zip: | MILTON FL 32570         |                 |                 |

*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:** ARCHIE LEE COLLUM JR.

**MANAGER**

**01/24/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date