

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072757

**Entity Name:** CJJ AVIATION LLC

**Current Principal Place of Business:**

2823 ST. JOHNS BLUFF ROAD S  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2823 ST JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32246 US

**FEI Number:** 45-2656486

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD HEP  
STE 1500  
MIAMI, FL 33131 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 P  
Name CAMPION, JOHN  
Address 2823 ST JOHNS BLUFF ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32246

Title CFO  
Name UDELL, ROB  
Address 2823 ST JOHNS BLUFF ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32246

Title MGRM  
Name CAMPION, JOHN  
Address 2823 ST JOHNS BLUFF ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32246

*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:** ROB UDELL

CFO

04/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date