2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: SPACE COAST REPAIR AND MODIFICATION, LLC

Current Principal Place of Business:

2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

Current Mailing Address:

2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

FEI Number: 82-1950369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMMERS, MICHAEL
2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 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	CFO
Name	SOMMERS, MICHAEL
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	MGR
Name	ANSON, JR., PHILIP
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	AMBR
Name	GREENE, ROBERT
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	AMBR
Name	ANSON, PHILIP
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	AUTHORIZED MEMBER
Name	SMITH, MARK
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	AUTHORIZED MEMBER
Name	SOMMERS, MICHAEL
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

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: MICHAEL C. SOMMERS CFO 01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date