

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000162203

Entity Name: CAVU4US, LLC**Current Principal Place of Business:**4467 85TH RD
LIVE OAK, FL 32060**Current Mailing Address:**5401 COMMISSIONERS DR.
JACKSONVILLE, FL 32224 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCHUELER, WILLIAM PETER
5401 COMMISSIONERS DRIVE
JACKSONVILLE, FL 32224 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:** WILLIAM PETER SCHUELER

02/16/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SCHUELER, CHRISTINE C
Address 5401 COMMISSIONERS DR.
City-State-Zip: JACKSONVILLE FL 32224

Title AUTHORIZED REPRESENTATIVE
Name SCHUELER, WILLIAM PETER
Address 5401 COMMISSIONERS DR.
City-State-Zip: JACKSONVILLE FL 32224

Title AUTHORIZED REPRESENTATIVE
Name K Aidanow, Patricia
Address 1524 LANCASTER STREET
City-State-Zip: BALTIMORE MD 21231

Title AUTHORIZED REPRESENTATIVE
Name K Aidanow, Eric Jerome Esq.
Address 1524 LANCASTER STREET
City-State-Zip: BALTIMORE MD 21231

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: CHRISTINE C SCHUELER

MANAGER

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date