

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104367

**Entity Name:** AERODYNE INDUSTRIES, LLC

**Current Principal Place of Business:**

7001 N. ATLANTIC AVE.  
SUITE 200  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

7001 N. ATLANTIC AVE.  
SUITE 200  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 20-5783057

**Certificate of Status Desired:** Yes

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

ALLEN, ANDREW M  
4151 TRADEWINDS TRAIL  
MERRITT ISLAND, FL 32953 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            CEO  
Name            ALLEN, ANDREW M  
Address        7001 N. ATLANTIC AVE.  
                 SUITE 200  
City-State-Zip: CAPE CANAVERAL FL 32920  
  
Title            COO  
Name            WILLIAMS, WILLIAM  
Address        7001 N. ATLANTIC AVE.  
                 SUITE 200  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            BUSINESS MANAGER  
Name            MCMANUS, CARL  
Address        7001 N. ATLANTIC AVE.  
                 SUITE 200  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** CARL MCMANUS

**BUSINESS MANAGER**

**02/24/2016**

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

\_\_\_\_\_  
Date