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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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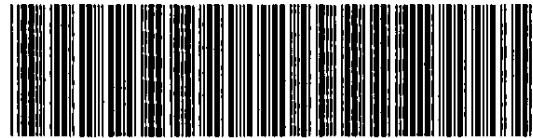
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 16 2010

EXAMINER



June 4, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Apollo Aviation Fund Management, LLC;
ANT Aviation Finance, L.L.C.;
Squadron Leasing I, LLC;
Squadron Leasing II LLC;
Squadron Leasing III LLC;
Squadron Leasing IV LLC;
Squadron Leasing V, LLC;
SASOF TR-02, LLC;
SASOF TR-05, LLC; and
SASOF TR-011, LLC**

Dear Sir/Madam:

Enclosed please find ten (10) Statement of Change of Registered Office or Registered Agent Both for Limited Liability Company with regard to the above-captioned entities. Also, enclosed please find one (1) check in the amount of Two Hundred Fifty (\$250.00) representing the total amount of the filing fees with regard to filing the ten (10) above-captioned entities.

I would appreciate it if you would proceed to file the enclosed Registered Agent changes with your office.

Please do not hesitate to call me with any questions.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

Patricia Reiss
Contracts Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apollo Aviation Fund Management, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pat Reiss

Name of Person

Apollo Aviation Group, LLC

Firm/Company

848 Brickell Avenue, Suite 500

Address

Miami, FL 33131

City/State and Zip Code

patr@apollo.aero

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Reiss

Name of Person

at (305)

759-2340

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2010 JUN 15 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Apollo Aviation Fund Management, LLC

2. (a) Principal office address of limited liability company: 848 Brickell Avenue

☐ (Note: **MUST BE STREET ADDRESS**)

Suite 500,
Miami, FL 33131

(b) Mailing address of limited liability company: 848 Brickell Avenue

☐ (Note: **MAY BE POST OFFICE BOX**)

Suite 500,
Miami, FL 33131

November 20, 2009
3. Date of filing/registration in Florida

M09000004595
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Rhonda Polk

Registered Office Address:

848 Brickell Avenue
Suite 500
Miami, FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

Hector Figueras

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

848 Brickell Avenue
Suite 500
Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William Hoffman
Signature of a member or authorized representative of a member

William Hoffman

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00