

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028411

**Entity Name:** INDIA CHARLIE AVIATION, LLC

**Current Principal Place of Business:**

999 VANDERBILT BEACH ROAD  
SUITE 703  
NAPLES, FL 34108

**Current Mailing Address:**

999 VANDERBILT BEACH ROAD  
SUITE 703  
NAPLES, FL 34108 US

**FEI Number:** 20-1066062

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER, CEO  
Name           COLLIER II, BARRON G.  
Address       999 VANDERBILT BEACH ROAD  
                  SUITE 703  
City-State-Zip: NAPLES FL 34108

Title           MANAGER, PRESIDENT  
Name           THOMAS, WILLIAM E.  
Address       999 VANDERBILT BEACH ROAD  
                  SUITE 703  
City-State-Zip: NAPLES FL 34108

Title           TREASURER  
Name           VEINTIMILLA, PABLO X.  
Address       999 VANDERBILT BEACH ROAD  
                  SUITE 703  
City-State-Zip: NAPLES FL 34108

Title           SECRETARY  
Name           ROWE, TAMMY L.  
Address       999 VANDERBILT BEACH ROAD  
                  SUITE 703  
City-State-Zip: NAPLES FL 34108

*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:** TAMMY L. ROWE

**SECRETARY**

**04/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date