

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130899

**Entity Name:** ALKA HELICOPTERS LEASING LLC

**Current Principal Place of Business:**

9737 NW 41 ST #355  
DORAL, FL 33178

**Current Mailing Address:**

9737 NW 41 ST #355  
DORAL, FL 33178

**FEI Number:** 46-1251745

**Certificate of Status Desired:** No

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

ACEVEDO & ASSOCIATES LLP  
1395 BRICKELL AVE  
8TH FLOOR  
MIAMI, FL 33139 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 MGRM  
Name CALLE PARRA, WILLIAM R  
Address 9737 NW 41 ST #355  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name MONTOYA LONDONO, LINA M  
Address 9737 NW 41 ST #355  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name CALLE MONTOYA, SEBASTIAN  
Address 9737 NW 41 ST #355  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name CALLE MONTOYA, ANDREA  
Address 9737 NW 41 ST #355  
City-State-Zip: DORAL FL 33178

*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:** WILLIAM CALLE PARRA

MGRM

03/27/2015

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

\_\_\_\_\_  
Date