

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