

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139737

**Entity Name:** PAPI FLIGHT TRAINING, LLC

**Current Principal Place of Business:**

1450 LEE WAGENER BOULEVARD  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

1450 LEE WAGENER BOULEVARD  
FORT LAUDERDALE, FL 33315 US

**FEI Number:** 46-3866206

**Certificate of Status Desired:** No

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

GAGNON, ELSA  
1450 LEE WAGENER BOULEVARD  
FORT LAUDERDALE, FL 33315 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 MGR  
Name SORS, PEDRO  
Address 2000 SOUTH BAYSHORE DRIVE #6  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name GAGNON, ELSA  
Address 1055 NE 96 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name RESTREPO, ANDRES  
Address 1849 HIDDEN TRAIL LANE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name AVENGER FLIGHT GROUP LLC  
Address 1450 LEE WAGENER BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** ELSA GAGNON

**MGR**

**02/13/2024**

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

\_\_\_\_\_  
Date