Current Ma	iling Address:			
751 NE 10T POMPANO	H ST BEACH, FL 33060 US			
FEI Numbe	r: 46-4061471		Certificate of Status Desir	ed: No
Name and A	Address of Current Registered Agen	t:		
	MARK B ARY TRAIL SUITE 130 I, FL 33431 US			
2700 N. MILITA BOCA RATON	ARY TRAIL SUITE 130	ging its registered office or regis	tered agent, or both, in the State of Flori	da.
2700 N. MILITA BOCA RATON The above name	ARY TRAIL SUITE 130 I, FL 33431 US	ging its registered office or regis	<b>0</b>	<sub>da.</sub> 01/06/2022
2700 N. MILITA BOCA RATON The above name	ARY TRAIL SUITE 130 , FL 33431 US ed entity submits this statement for the purpose of chan	ging its registered office or regis	<b>0</b>	
2700 N. MILITA BOCA RATON The above name SIGNATURI	ARY TRAIL SUITE 130 , FL 33431 US ed entity submits this statement for the purpose of changes E: JOSEPH P. RIZZO	ging its registered office or regis	<b>0</b>	01/06/2022
2700 N. MILITA BOCA RATON The above name SIGNATURI	ARY TRAIL SUITE 130 I, FL 33431 US ed entity submits this statement for the purpose of changes E: JOSEPH P. RIZZO Electronic Signature of Registered Agent	ging its registered office or regis	<b>0</b>	01/06/2022
2700 N. MILITA BOCA RATON The above name SIGNATURI Authorized	ARY TRAIL SUITE 130 A FL 33431 US ad entity submits this statement for the purpose of changes E: JOSEPH P. RIZZO Electronic Signature of Registered Agent Person(s) Detail :			01/06/2022
2700 N. MILITA BOCA RATON The above name SIGNATURI Authorized Title	ARY TRAIL SUITE 130 J, FL 33431 US ed entity submits this statement for the purpose of changes E: JOSEPH P. RIZZO Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	01/06/202: Date

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: THOMAS CONLAN

MANAGER

01/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000157203

Entity Name: SKY AVIATION HOLDINGS LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

FILED Jan 06, 2022 Secretary of State 0930788747CC

Date