

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163643

**Entity Name:** RUTAS AEREAS, LLC

**Current Principal Place of Business:**

3109 GRAND AVENUE  
PMB 447  
MIAMI, FL 33133

**Current Mailing Address:**

3109 GRAND AVENUE  
PMB 447  
MIAMI, FL 33133

**FEI Number:** 33-1230546

**Certificate of Status Desired:** No

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

FURST, ALLEN S  
3109 GRAND AVE.  
PMB 447  
MIAMI, FL 33133 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 RUTAS AEREAS, C.A.  
Address 3109 GRAND AVENUE, PMB 447  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name SILVA CARABALLO, ZULIBELL  
Address 3109 GRAND AVENUE, PMB 447  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name SILVA, LUIS  
Address 3109 GRAND AVENUE, PMB 447  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name FURST, ALLEN  
Address 3109 GRAND AVENUE, PMB 447  
City-State-Zip: MIAMI FL 33133

*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:** ALLEN S FURST

**MANAGER**

**04/26/2018**

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

\_\_\_\_\_  
Date