SIGNATURE:	MARK WILLIAMS
	Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MEMBER	Title	MEMBER
Name	WILLIAMS, GRANT	Name	PULS, JENS
Address	1873 SECLUSION DRIVE	Address	3171 ROYAL BIRKDALE WAY
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128
Title	MEMBER	Title	MEMBER
Name	WILLIAMS, PATRICIA	Name	PULS, REGINA
Address	1873 SECLUSION DRIVE	Address	3171 ROYAL BIRKDALE WAY
City State Zin	PORT ORANGE EL 20108	City-State-Zin	PORT ORANGE EL 32128

DOCUMENT# L14000132220 Entity Name: ACES ALLEY AVIATION LLC

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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

110 ACES ALLEY PORT ORANGE. FL 32128

### **Current Mailing Address:**

3171 ROYAL BIRKDALE WAY PORT ORANGE. FL 32128 US

# FEI Number: 47-1747101

### Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.

# City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

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: JENS PULS MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 14, 2018 Secretary of State CC1211118001

02/14/2018 Date

Certificate of Status Desired: No