

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000142965

**FILED**  
**Sep 09, 2016**  
**Secretary of State**  
**CC9264555402**

**Entity Name:** SOUTH AVIONICS TECHNICIAN ASSOCIATION LLC

**Current Principal Place of Business:**

3700 COMMERCE BLVD  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3700 COMMERCE BLVD  
KISSIMMEE, FL 34741 US

**FEI Number: 47-4904549**

**Certificate of Status Desired: No**

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

IBARRA, JONATHAN  
3700 COMMERCE BLVD  
KISSIMMEE, FL 34741 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	Title	AMBR
Name	IBARRA, JONATHAN	Name	MARRERO, EDDIE
Address	3700 COMMERCE BLVD	Address	3700 COMMERCE BLVD
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

Title            SEC  
Name            CORDERO, ZOHARIS  
Address        3700 COMMERCE BLVD  
City-State-Zip: KISSIMMEE FL 34741

*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: JONATHAN IBARRA**

**MGR**

**09/09/2016**

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

\_\_\_\_\_  
Date