

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000155835

**Entity Name:** AVIATION NETWORK SOLUTIONS, LLC.

**Current Principal Place of Business:**

1735 NW 60TH ST  
APT M319  
HIALEAH, FL 33012

**Current Mailing Address:**

1735 NW 60TH ST  
APT M319  
HIALEAH, FL 33012

**FEI Number:** 47-5084519

**Certificate of Status Desired:** No

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

LOPEZ, MICHEL  
9353 FONTAINEBLEAU BLVD  
APT A106  
MIAMI, FL 33172 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 LOPEZ, MICHEL  
Address 9353 FONTAINEBLEAU BLVD APT A106  
City-State-Zip: MIAMI FL 33172

*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:** MICHEL LOPEZ

**PRESIDENT**

**01/21/2018**

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

\_\_\_\_\_  
Date