

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000169696

Entity Name: ACTIVE FLIGHT EXPERIENCE L.L.C.

Current Principal Place of Business:

4003 S WEST SHORE BLVD APT 3112
TAMPA, FL 33611

Current Mailing Address:

4003 S WEST SHORE BLVD APT 3112
TAMPA, FL 33611 US

FEI Number: 92-2493901

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEVAN, SCOTT C
4003 S WEST SHORE BLVD
APT 3112
TAMPA, FL 33611 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 LEVAN, SCOTT C
Address 4003 S WEST SHORE BLVD APT 3112
City-State-Zip: TAMPA FL 33611

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: SCOTT C. LEVAN

MR.

01/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date