

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000169696

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

**Current Principal Place of Business:**

5296 MAN O'WAR DR  
MORROW, OH 45152

**Current Mailing Address:**

5295 MAN O'WAR DR  
MORROW, OH 45152 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEVAN, SCOTT C  
4241 SKYDIVE LANE  
ZEPHYRHILLS, FL 33542 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 5296 MAN O'WAR DR  
City-State-Zip: MORROW OH 45152

*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.

02/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date