

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000169696

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

Current Principal Place of Business:

502 S. FREMONT AVE.
APT 528
TAMPA, FL 33606

Current Mailing Address:

502 S. FREMONT AVE.
APT 528
TAMPA, FL 33606 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 502 S. FREMONT AVE. APT. 528
City-State-Zip: TAMPA FL 33606

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 CHRISTOPHER LEVAN

MR.

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date