

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000216964

**Entity Name:** ASCENT AVIATION CAPITAL LLC

**Current Principal Place of Business:**

1104 TOSCANO DRIVE  
TRINITY, FL 34655

**Current Mailing Address:**

PO BOX 1013  
ODESSA, FL 33556 US

**FEI Number: 81-4773436**

**Certificate of Status Desired: No**

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

SCHNEIDER, MATTHEW  
1104 TOSCANO DRIVE  
TRINITY, FL 34655 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	AMBR	Title	AMBR
Name	SCHNEIDER, KIMBERLY	Name	SCHNEIDER, MATTHEW
Address	PO BOX 1013	Address	PO BOX 1013
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

*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: MATTHEW SCHNEIDER**

**MANAGER**

**04/29/2018**

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

\_\_\_\_\_  
Date