## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000041794

Entity Name: JET AVIATION SPECIALISTS, LLC

**Current Principal Place of Business:** 

3373 NW 107 STREET MIAMI. FL 33167

**Current Mailing Address:** 

6710 N. SCOTTSDALE ROAD SUITE 250 SCOTTSDALE, AZ 85253 US

FEI Number: 65-0175037 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 05, 2024

**Secretary of State** 

8549783654CC

Date

Authorized Person(s) Detail:

Title SECRETARY Title CEO

Name ROSEBOROUGH, DIANE Name FORD, RUSSELL

Address 6710 N SCOTTSDALE ROAD Address 6710 N. SCOTTSDALE ROAD

SUITE 250 SUITE 250

City-State-Zip: SCOTTSDALE AZ 85253 City-State-Zip: SCOTTSDALE AZ 85253

Title ASST. SECRETARY Title CFO

Name SINQUEFIELD, STEVE Name SATTERFIELD, DANIEL W.

Address 6710 N. SCOTTSDALE ROAD Address 6710 N. SCOTTSDALE ROAD

SUITE 250 SUITE 250

City-State-Zip: SCOTTSDALE AZ 85253 City-State-Zip: SCOTTSDALE AZ 85253

Title AUTHORIZED MEMBER Title VP, FINANCE

Name STANDARDAERO AVIATION Name KANE, SHANNON

HOLDINGS, INC.
Address 707 FLIGHT ROAD

Address 6710 N. SCOTTSDALE ROAD

SUITE 250 City-State-Zip: WINNIPEG MANITOBA R3H 1C6

City-State-Zip: SCOTTSDALE AZ 85253

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: DIANE M. ROSEBOROUGH SECRETARY 02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail