

**2023 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

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**5290013168CC**

**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

**Authorized Person(s) Detail :**

Title SECRETARY  
Name ROSEBOROUGH, DIANE  
Address 6710 N SCOTTSDALE ROAD  
SUITE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title CEO  
Name FORD, RUSSELL  
Address 6710 N. SCOTTSDALE ROAD  
SUITE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title ASST. SECRETARY  
Name SINQUEFIELD, STEVE  
Address 6710 N. SCOTTSDALE ROAD  
SUITE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title CFO  
Name SATTERFIELD, DANIEL W.  
Address 6710 N. SCOTTSDALE ROAD  
SUITE 250  
City-State-Zip: SCOTTSDALE AZ 85253

Title AUTHORIZED MEMBER  
Name STANDARDAERO AVIATION  
HOLDINGS, INC.  
Address 6710 N. SCOTTSDALE ROAD  
SUITE 250  
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**

**01/25/2023**

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

\_\_\_\_\_  
Date