

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000133277

**Entity Name:** LOXODONTA AVIATION, LLC

**Current Principal Place of Business:**

141 BEACHSIDE DRIVE  
ORCHID, FL 32963

**Current Mailing Address:**

141 BEACHSIDE DRIVE  
ORCHID, FL 32963 US

**FEI Number: 82-1919418**

**Certificate of Status Desired:** No

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

SULEMAN, FARID  
141 BEACHSIDE DRIVE  
ORCHID, FL 32963 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 SULEMAN, FARID  
Address 141 BEACHSIDE DRIVE  
City-State-Zip: ORCHID FL 32963

*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: FARID SULEMAN**

**MGR**

**02/01/2021**

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

\_\_\_\_\_  
Date