

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000195739

**Entity Name:** AQUARIUS SEAPLANES, LLC

**Current Principal Place of Business:**

1200 ANASTASIA AVENUE  
SUITE 216  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1200 ANASTASIA AVENUE  
SUITE 216  
CORAL GABLES, FL 33134

**FEI Number:** 82-3074186

**Certificate of Status Desired:** No

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

KLAPPER LEON, ALISON  
1200 ANASTASIA AVENUE  
SUITE 216  
CORAL GABLES, FL 33134 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  
Name            KROPKE, CHARLES J  
Address        1200 ANASTASIA AVENUE, SUITE 216  
City-State-Zip: CORAL GABLES FL 33134

Title            AMBR  
Name            PEREIRA, PAUL A DR  
Address        1521 ALTON ROAD, SUITE 287  
City-State-Zip: MIAMI BEACH FL 33139

Title            AMBR  
Name            DYER, DAVID D  
Address        1313 CRYSTAL SKYE COURT  
City-State-Zip: BURLINGTON NC 27215

Title            AMBR  
Name            MARION, DAVID H  
Address        3030 MORROW FARM LANE  
City-State-Zip: CHAPEL HILL NC 27516

Title            AMBR  
Name            KLAPPER LEON, ALISON  
Address        1200 ANASTASIA AVENUE, SUITE 216  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALISON KLAPPER LEON

AMBR

04/20/2018

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

\_\_\_\_\_  
Date