

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000259857

**Entity Name:** AEROTHRUST TEST CELL, LLC**Current Principal Place of Business:**5300 N.W. 36TH STREET  
BUILDING 863  
MIAMI, FL 33166**Current Mailing Address:**P.O. BOX 522236  
MIAMI, FL 33152**FEI Number:** 83-4403908**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIAMI CORPORATE SYSTEMS, LLC  
2555 PONCE DE LEON BLVD.  
SUITE 600  
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	MGR
Name	ABAD, MARIO
Address	5300 N.W. 36TH STREET, BUILDING 863
City-State-Zip:	MIAMI FL 33166
Title	MGR
Name	DOERR, DAVID
Address	5300 N.W. 36TH STREET, BUILDING 863
City-State-Zip:	MIAMI FL 33166

Title	MGR
Name	CAPUTO, ROBERT
Address	5300 N.W. 36TH STREET, BUILDING 863
City-State-Zip:	MIAMI FL 33166

*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:** MARIO ABAD**MANAGER****06/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date