

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000305381

**Entity Name:** AERCAP GROUP SERVICES, LLC**Current Principal Place of Business:**10250 CONSTELLATION BLVD., STE. 1500  
LOS ANGELES, CA 90067**Current Mailing Address:**10250 CONSTELLATION BLVD., STE. 1500  
LOS ANGELES, CA 90067 US**FEI Number:** 58-2528262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION TRUST COMPANY  
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 AMBR  
Name HAJJAR, BASHIR Y  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

Title MGR  
Name HAJJAR, BASHIR Y  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

Title AMBR  
Name ROSS, PATRICK I  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

Title MGR  
Name ROSS, PATRICK I  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

Title MGR  
Name KENNEDY, J. SCOT  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

Title MGR  
Name GLOEGE, TIMOTHY  
Address 10250 CONSTELLATION BLVD., STE.  
1500  
City-State-Zip: LOS ANGELES CA 90067

*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: PATRICK ROSS****VICE PRESIDENT****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date