

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000346448

**Entity Name:** IFLIGHT BUSINESS CLASS LLC**Current Principal Place of Business:**5216 SEGARI WAY  
WINDERMERE, FL 34786**Current Mailing Address:**4032 CHILDRESS ST  
HOUSTON, TX 77005 US**FEI Number:** 85-3918552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ICONNECT SOLUTIONS CORP  
6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835 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 DE SOUZA H JUNIOR, HAROLDO  
Address RUA ARMANDO DE OLIVEIRA COBRA  
260 APT82  
City-State-Zip: SAO JOSE DOS CAMPOS 12246-002

Title AMBR  
Name GOMES G PORTO, TAMIREZ  
Address RUA ARMANDO DE OLIVEIRA COBRA  
260 APT82  
City-State-Zip: SAO JOSE DOS CAMPOS 12246-002

Title AMBR  
Name SOARES LESSA, EDMAR  
Address 4032 CHILDRESS ST  
City-State-Zip: HOUSTON TX 77005

Title AMBR  
Name CARDOSO V DA SILVA, PHELLIPE  
Address RUA AROAZES  
870, BL2 AP 1010  
City-State-Zip: RIODE JANEIRO RJ 22775-060

Title MGR  
Name BORGES R MARICEVICH, MARCO  
ANDRE  
Address 4042 DUMBARTON ST  
City-State-Zip: HOUSTON TX 77025

*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:** EDMAR SOARES LESSA

AMBR

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date