

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000503023

**Entity Name:** VASA AVIATION LLC

**Current Principal Place of Business:**

5210 SE SEASCAPE WAY  
BUILDING 5, UNIT 101  
STUART, FL 34997

**Current Mailing Address:**

5210 SE SEASCAPE WAY  
BUILDING 5, UNIT 101  
STUART, FL 34997 US

**FEI Number:** 87-3772336

**Certificate of Status Desired:** No

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

FEDERICO, VICTOR  
5210 SE SEASCAPE WAY  
BUILDING 5, UNIT 101  
STUART, FL 34997 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            FEDERICO, VICTOR  
Address        5210 SE SEASCAPE WAY, BUILDING  
                  5, UNIT 101  
City-State-Zip: STUART FL 34997

Title            AMBR  
Name            FEDERICO, SUSAN  
Address        5210 SE SEASCAPE WAY, BUILDING  
                  5, UNIT 101  
City-State-Zip: STUART FL 34997

Title            AMBR  
Name            FEDERICO, ALEC  
Address        5210 SE SEASCAPE WAY, BUILDING  
                  5, UNIT 101  
City-State-Zip: STUART FL 34997

Title            AMBR  
Name            FEDERICO, ANDREW  
Address        5210 SE SEASCAPE WAY, BUILDING  
                  5, UNIT 101  
City-State-Zip: STUART FL 34997

*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:** VICTOR FEDERICO

04/27/2023

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

\_\_\_\_\_  
Date