#### 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: ROBERT KORN MANAGER

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

### FEI Number: 20-0701388

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KORN, ROBERT	Name	HOFFMAN, WILLIAM
Address	848 BRICKELL AVE STE 500	Address	848 BRICKELL AVE STE 500
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

DOCUMENT# M0500000616 Entity Name: APOLLO AVIATION CAPITAL MANAGEMENT, LLC

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

848 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131

## **Current Mailing Address:**

848 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131

Electronic Signature of Signing Authorized Person(s) Detail

03/20/2015

Certificate of Status Desired: No

Date