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: WILLIAM HOFFMAN

Electronic Signature of Signing Authorized Person(s) Detail

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0500000616

Entity Name: APOLLO AVIATION CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

848 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131

Current Mailing Address:

848 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131

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

MANAGER

04/29/2016

FILED Apr 29, 2016 Secretary of State CC9632820215

Certificate of Status Desired: No

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

Date

Date