

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004684

**Entity Name:** APOLLO AVIATION SERVICES LIMITED, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

20 GENESIS CLOSE  
CAYMAN ISLANDS, KY1-1108

**Current Mailing Address:**

DMS HOUSE, 20 GENESIS CLOSE  
P.O. BOX 1344  
CAYMAN ISLANDS, KY1-1108 KY

**FEI Number:** 98-0679579

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MANAGER, AUTHORIZED REPRESENTATIVE  
Name HOFFMAN, WILLIAM D  
Address 848 BRICKELL AVENUE, SUITE 500  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name KORN, ROBERT G  
Address 848 BRICKELL AVENUE, SUITE 500  
City-State-Zip: MIAMI FL 33131

*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:** WILLIAM D. HOFFMAN

MANAGER

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date