

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001830

Entity Name: CARLYLE AVIATION SECURITIES PARTNERS, LLC**Current Principal Place of Business:**848 BRICKELL AVE
SUITE 500
MIAMI, FL 33131**Current Mailing Address:**848 BRICKELL AVE
SUITE 500
MIAMI, FL 33131 US**FEI Number:** 46-2167313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** ANNETTE KUHLMAN

02/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title MANAGER, AUTHORIZED REPRESENTATIVE
Name MEIRELES, JAVIER
Address 848 BRICKELL AVE SUITE 500
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED REPRESENTATIVE
Name DAMERON , Z CLIFTON IV
Address 848 BRICKELL AVE 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: ROBERT G. KORN**AUTHORIZED SIGNATOR** 02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date