

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000224

**Entity Name:** AERSALE 25212 LLC**Current Principal Place of Business:**121 ALHAMBRA PLAZA SUITE 1700  
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA SUITE 1700  
CORAL GABLES, FL 33134**FEI Number:** 27-4677808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC  
155 OFFICE PLAZA DR STE A  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title            CEO  
Name            FINAZZO, NICOLAS  
Address        121 ALHAMBRA PLAZA SUITE 1700  
City-State-Zip: CORAL GABLES FL 33134

Title            CFO  
Name            STEWART, SCOTT  
Address        121 ALHAMBRA PLAZA SUITE 1700  
City-State-Zip: CORAL GABLES FL 33134

Title            SVP  
Name            WRIGHT, FREDERICK C  
Address        121 ALHAMBRA PLAZA SUITE 1700  
City-State-Zip: CORAL GABLES FL 33134

Title            COO  
Name            NICHOLS, ROBERT B  
Address        121 ALHAMBRA PLAZA SUITE 1700  
City-State-Zip: CORAL GABLES FL 33134

Title            CLO/SECRETARY  
Name            CUMMISKEY, PAUL J  
Address        121 ALHAMBRA PLAZA SUITE 1700  
City-State-Zip: CORAL GABLES FL 33134

*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:** PAUL J. CUMMISKEY

CLO/SECRETARY

02/06/2017

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