

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000226

**Entity Name:** AERSALE 23441 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:** 45-3082836**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
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	EXECUTIVE CHAIRMAN
Name	FINAZZO, NICOLAS
Address	121 ALHAMBRA PLAZA, SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

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

Title	CFO
Name	GARMENDIA, MARTIN
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	SECRETARY
Name	MANDEL, ROBYN
Address	121 ALHAMBRA PLAZA SUITE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO
Name	BARIMO, BASIL
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: ROBYN MANDEL****SECRETARY****04/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date