

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000228

Entity Name: AERSALE 27469 LLC**Current Principal Place of Business:**121 ALHAMBRA PLAZA STE 1700
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA STE 1700
CORAL GABLES, FL 33134**FEI Number:** 27-4154323**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 STE 1700
City-State-Zip:	CORAL GABLES FL 33134

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

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

Title	CLOS
Name	CUMMISKEY, PAUL J
Address	121 ALHAMBRA PLAZA STE 1700
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	WRIGHT, FREDERICK C
Address	121 ALHAMBRA PLAZA STE 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

CLOS

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date