

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000244

Entity Name: AERSALE 24423 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 US**FEI Number:** 45-3205403**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 STE 1700
City-State-Zip: CORAL GABLES FL 33134

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

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

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

Title SECRETARY
Name MANDEL, ROBYN
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****04/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date