

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000263

Entity Name: AERSALE 26346 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:** 45-0779258**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 COO
Name NICHOLS, ROBERT B
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 CLOS
Name CUMMISKEY, PAUL J
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

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