2019 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: 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

FILED Apr 29, 2019

Secretary of State

0682048543CC

Authorized Person(s) Detail:

Title EXECUTIVE CHAIRMAN Title EXECUTIVE VICE CHAIRMAN

Name FINAZZO, NICOLAS Name NICHOLS, ROBERT B

Address 121 ALHAMBRA PLAZA SUITE 1700 Address 121 ALHAMBRA PLAZA SUITE 1700

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title CFO Title SVP

Name GARMENDIA, MARTIN Name WRIGHT, FREDERICK C

Address 121 ALHAMBRA PLAZA SUITE 1700 Address 121 ALHAMBRA PLAZA SUITE 1700

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title CEO Title SECRETARY

Name BARIMO, BASIL Name MANDEL, ROBYN

Address 121 ALHAMBRA PLAZA Address 121 ALHAMBRA PLAZA

SUITE 1700 SUITE 1700

City-State-Zip: CORAL GABLES FL 33134 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

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY

04/29/2019