

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000006297

**Entity Name:** AVIATION DEVICES AND ELECTRONIC COMPONENTS, L.L.C.**Current Principal Place of Business:**3215 W LOOP 820 S  
FORT WORTH, TX 76116**Current Mailing Address:**3215 W. LOOP 820 S.  
FORT WORTH, TX 76116 US**FEI Number: 75-2728428****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH ST N.  
STE:300  
ST. PETERSBURG, FL 33702 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           | MEMBER              |
| Name            | DRY, MICHAEL        |
| Address         | 3215 W LOOP 820 S   |
| City-State-Zip: | FORT WORTH TX 76116 |

|                 |                     |
|-----------------|---------------------|
| Title           | MEMBER              |
| Name            | BUSBY, JEFF         |
| Address         | 3215 W LOOP 820 S   |
| City-State-Zip: | FORT WORTH TX 76116 |

|                 |                     |
|-----------------|---------------------|
| Title           | MEMBER              |
| Name            | CLARK, YANNI        |
| Address         | 3215 W LOOP 820 S   |
| City-State-Zip: | FORT WORTH TX 76116 |

*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: YANNI CLARK****MEMBER****04/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date