

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027818

**Entity Name:** LACROSS AVIATION LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

400 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 22-3922498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORRIN, ALVARO  
400 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOSER, ANDRES  
**Address:** 400 SOUTH DIXIE HIGHWAY  
**City-St-Zip:** CORAL GABLES, FL 33146 US

**Title:** MGR  
**Name:** GORRIN, ALVARO  
**Address:** 9350 BALADA STREET  
**City-St-Zip:** CORAL GABLES, FL 33156 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ALVARO GORRIN

MGR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date