

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003723

**Entity Name:** RELIANCE AVIATION - MIAMI, LLC

**Current Principal Place of Business:**

14532 SW 129TH ST  
MIAMI, FL 33186

**Current Mailing Address:**

14532 SW 129TH ST  
MIAMI, FL 33186

**FEI Number:** 65-0995851

**Certificate of Status Desired:** No

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

OLLE, DENNIS J  
4000 INTERNATIONAL PLACE  
100 SE 2ND STREET - SUITE 4000  
MIAMI, FL 33131 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           | T                     | Title           | P                     |
| Name            | LEWIS, LORI L         | Name            | NOJAIM, BRAD          |
| Address         | 14532 SW 129TH STREET | Address         | 14532 SW 129TH STREET |
| City-State-Zip: | MIAMI FL 33186        | City-State-Zip: | MIAMI FL 33186        |

*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:** LORI LEWIS

**CONTROLLER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date