

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012765

**Entity Name:** GULF ISLAND AVIATION, LLC

**Current Principal Place of Business:**

95 N. COUNTY ROAD  
PALM BEACH, FL 33480

**Current Mailing Address:**

95 N. COUNTY ROAD  
PALM BEACH, FL 33480

**FEI Number:** 45-5113998

**Certificate of Status Desired:** No

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

GROSSMAN, STUART IESQ.  
201 S. BISCAYNE BLVD.  
MIAMI CENTER - 22ND FL  
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	MGR	Title	MGR
Name	LEEVAN, EDWARD	Name	SILVER, ADRIANNE
Address	95 N. COUNTY ROAD	Address	95 N. COUNTY ROAD
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

*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:** EDWARD LEEVAN

**MANAGER**

**03/31/2015**

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

\_\_\_\_\_  
Date