

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090437

**Entity Name:** MBF HELICOPTER LEASING, LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
STE 1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
STE 1100  
CORAL GABLES, FL 33134

**FEI Number:** 27-3346910

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** FRANK RODRIGUEZ

04/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FERNANDEZ, MIGUEL B  
Address 121 ALHAMBRA PLAZA, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MBF HEALTHCARE MANAGEMENT, LLC  
Address 121 ALHAMBRA PLAZA, SUITE 1100  
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:** MBF HEALTHCARE MANAGEMENT, LLC

MANAGER

04/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date