

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118308

**Entity Name:** FLYSERVICES, LLC

**Current Principal Place of Business:**

5805 BLUE LAGOON DR STE 200  
MIAMI, FL 33126

**Current Mailing Address:**

107 NW 66 ST APT 214  
DORAL, FL 33178 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALONSO & GARCIA PA  
5805 BLUE LAGOON DR STE 200  
MIAMI, FL 33126 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:** DOMINGO ALONSO

03/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title GENERAL MANAGER  
Name BURNEO , JUAN  
Address 107 NW 66 ST  
214  
City-State-Zip: DORAL FL 33178

Title PRESIDENT  
Name OCHOA , PABLO  
Address 107 NW 66 ST  
214  
City-State-Zip: DORAL FL 33178

Title CFO  
Name BURNEO, DANIEL  
Address 107 NW 66 ST  
APT 214  
City-State-Zip: DORAL FL 33178

*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:** BURNEO , JUAN

GENERAL MANAGER

03/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date