#### that my name appears above, or on an attachment with all other like empowered. 04/27/2022 AMBR

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000145860

Entity Name: COUGAR AVIATION LLC

#### **Current Principal Place of Business:**

3785 NW 82ND AVE SUITE 314 DORAL, FL 33166

## **Current Mailing Address:**

3785 NW 82ND AVE **SUITE 314** DORAL, FL 33166 US

## FEI Number: 46-1414800

## Name and Address of Current Registered Agent:

OVIES, IDA C 3785 NW 82 AVE 314 DORAL, FL 33178 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

### Authorized Person(s) Detail :

| Autionzeu Ferson(s) Detail. |                               |                 |                               |
|-----------------------------|-------------------------------|-----------------|-------------------------------|
| Title                       | AMBR                          | Title           | AUTHORIZED REPRESENTATIVE     |
| Name                        | TRIPOLATTI, FABIO ARIEL       | Name            | OVIES, IDA                    |
| Address                     | 3785 NW 82ND AVE<br>SUITE 314 | Address         | 3785 NW 82ND AVE<br>SUITE 314 |
| City-State-Zip:             | DORAL FL 33166                | City-State-Zip: | DORAL FL 33166                |
| Title                       | AMBR                          |                 |                               |
| Name                        | BURELLO, ALEJANDRO            |                 |                               |
| Address                     | 3785 NW 82ND AVE<br>SUITE 314 |                 |                               |
| City-State-Zip:             | DORAL FL 33166                |                 |                               |

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

SIGNATURE: FABIO ARIEL TRIPOLATTI



Date

FILED Apr 27, 2022

Secretary of State

0882441527CC

Certificate of Status Desired: No

Date