

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000055908

**Entity Name:** CYGNUS AVIATION, LLC

**Current Principal Place of Business:**

1100 LEE WAGENER BOULEVARD  
SUITE 310  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

1100 LEE WAGENER BLVD  
SUITE 310  
FORT LAUDERDALE, FL 33315 US

**FEI Number:** 46-2574408

**Certificate of Status Desired:** No

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

GBS CONSULTANTS, INC.  
3350 SW 148 AVE, SUITE 120  
MIRAMAR, FL 33027 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  
Name GUSTAVO, CONDE  
Address 1100 LEE WAGENER BOULEVARD  
SUITE 310  
City-State-Zip: FORT LAUDERDALE FL 33315

Title MANAGER  
Name MARTINEZ, MIGUEL A  
Address 1100 LEE WAGENER BOULEVARD  
SUITE 310  
City-State-Zip: FORT LAUDERDALE FL 33315

Title AUTHORIZED REPRESENTATIVE  
Name VALENCIA, MARIA A  
Address 1100 LEE WAGENER BOULEVARD  
SUITE 310  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** GUSTAVO CONDE

**MANAGER**

**02/06/2017**

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

\_\_\_\_\_  
Date