

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000091819

Entity Name: AEROMASTER S.A. LLC

Current Principal Place of Business:

2600 S DOUGLAS ROAD STE 501
CORAL GABLES, FL 33134

Current Mailing Address:

2600 S DOUGLAS ROAD STE 501
CORAL GABLES, FL 33134

FEI Number: 35-2509487

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHAPIRO, IRA R
16375 NE 18TH AVE STE 225
NORTH MIAMI BEACH, FL 33162 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 DAMONE, ROMINA
Address 1 JFK BLVD.
APT. 26 L
City-State-Zip: SOMERSET NJ 08873

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: ROMINA DAMONE

MGR.

01/15/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date