

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000091819

**Entity Name:** AEROMASTER S.A. LLC

**Current Principal Place of Business:**

15190 SW 136 STREET  
SUITE 13  
MIAMI, FL 33196

**Current Mailing Address:**

15190 SW 136 STREET  
SUITE 13  
MIAMI, FL 33196 US

**FEI Number:** 35-2509487

**Certificate of Status Desired:** No

**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

**MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date