

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000008700

**Entity Name:** JENSEN AVIATION WEST COAST DIVISION, LLC

**Current Principal Place of Business:**

410 SOUTH WARE BLVD  
TAMPA, FL 33619

**Current Mailing Address:**

410 SOUTH WARE BLVD  
TAMPA, FL 33619 US

**FEI Number:** 81-1370009

**Certificate of Status Desired:** No

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

JENSEN, WILLIAM R  
5922 WYOMING AVENUE  
NEW PORT RICHEY, FL 34652 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 JENSEN, WILLIAM R  
Address 5922 WYOMING AVENUE  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** JENSEN , WILLIAM , R

**REGISTERED AGENT**

**01/10/2021**

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

\_\_\_\_\_  
Date