

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000141347

**Entity Name:** ORKY AVIATION CONSULTING LLC

**Current Principal Place of Business:**

8333 N.W. 53RD STREET, SUITE 450  
DORAL, FL 33166

**Current Mailing Address:**

8333 N.W. 53RD STREET, SUITE 450  
DORAL, FL 33166 US

**FEI Number:** 82-2032435

**Certificate of Status Desired:** No

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

DE FREITES, ORLANDO E JR.  
8333 N.W. 53RD STREET, SUITE 450  
DORAL, FL 33166 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                  | Title           | CFO                  |
| Name            | DE FREITES, ORLANDO  | Name            | DE FREITES, ORLANDO  |
| Address         | 8333 NW 53RD ST #450 | Address         | 8333 NW 53RD ST #450 |
| City-State-Zip: | DORAL FL 33166       | 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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORLANDO DE FREITES

CFO

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date