

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000269522

**Entity Name:** AVENGER FLIGHT GROUP ORLANDO, LLC**Current Principal Place of Business:**1450 LEE WAGENER BOULEVARD  
FORT LAUDERDALE, FL 33315**Current Mailing Address:**1450 LEE WAGENER BOULEVARD  
FORT LAUDERDALE, FL 33315**FEI Number:** 84-3666656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAGNON, ELSA  
1055 NE 96 STREET  
MIAMI SHORES, FL 33138 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           | PRES                         |
| Name            | SORS, PEDRO                  |
| Address         | 2000 SOUTH BAYSHORE DRIVE #6 |
| City-State-Zip: | MIAMI FL 33133               |

|                 |                       |
|-----------------|-----------------------|
| Title           | SVP                   |
| Name            | GAGNON, ELSA          |
| Address         | 1055 NE 96 STREET     |
| City-State-Zip: | MIAMI SHORES FL 33138 |

|                 |                   |
|-----------------|-------------------|
| Title           | SVP               |
| Name            | PINCAVAGE, JOHN   |
| Address         | 3 NUTCRACKER LANE |
| City-State-Zip: | WESTPORT CT 06880 |

*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:** ELSA GAGNON

SVP

01/15/2020

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