

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000104200

**Entity Name:** ANGELS 1 AVIATION LLC

**Current Principal Place of Business:**

9300 NORMANDY BLVD  
515  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

749 E CUMBERLAND CT  
ST. JOHNS, FL 32259

**FEI Number:** 86-2391453

**Certificate of Status Desired:** No

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

REID, ADAM  
749 E CUMBERLAND CT  
ST. JOHNS, FL 32259 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	MGR
Name	REID, ADAM	Name	REID, JUDE
Address	749 E CUMBERLAND CT	Address	749 E CUMBERLAND CT
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	ST. JOHNS FL 32259

*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:** ADAM REID

**PRESIDENT**

**03/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date