

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L26000001187

**Entity Name:** LATIN AVIATION LLC

**Current Principal Place of Business:**

16385 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

16385 BISCAYNE BLVD  
UNIT 1405  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 41-3909888

**Certificate of Status Desired:** No

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

MATTHEW J. KAHN, PA  
7450 GRIFFIN RD  
STE 120  
DAVIE, FL 33314 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           MANAGER  
Name           MAESTRACCI, GABRIEL  
Address        16385 BISCAYNE BLVD  
                  UNIT 1405  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** GABRIEL MAESTRACCI

**MANAGER**

**02/24/2026**

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

\_\_\_\_\_ Date