# Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

Entity Name: AC SKYDIVING SOLUTIONS LLC

1900 NORTH BAYSHORE DRIVE 4002 MIAMI, FL 33132

### **Current Mailing Address:**

**1900 NORTH BAYSHORE DRIVE** 4002 MIAMI, FL 33132

### FEI Number: 88-2949210

### Name and Address of Current Registered Agent:

COSTA, JOSEPH A 1900 N. BAYSHORE DR. 4002 MIAMI, FL 33132 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

#### Authorized Person(s) Detail :

Title MGR Name COSTA, JOSEPH A 1900 NORTH BAYSHORE DRIVE Address City-State-Zip: MIAMI FL 33132

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

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L22000282404

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JOSEPH A COSTA

03/03/2023



Date

FILED Mar 03, 2023 Secretary of State 4300297449CC