

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000027493

**Entity Name:** BFZ LEASING, LLC**Current Principal Place of Business:**1550 SOUTH OCEAN LANE  
UNIT 201  
FT. LAUDERDALE, FL 33316**Current Mailing Address:**226 MAIN STREET  
P.O. BOX 6910  
FLORENCE, KY 41022 US**FEI Number:** 81-5063321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, SEAN L  
2900 EAST OAKLAND PARK BLVD.  
3RD FLOOR  
FT. LAUDERDALE, FL 33306 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  
Name BUSALD, EDWARD A  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042Title MGR  
Name ZEVELY, WILBUR M  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042Title MGR  
Name MCMAIN, MICHAEL J  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042Title MGR  
Name KATHMAN, WILLIAM JJR.  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042Title MGR  
Name TRAVIS, BURR J  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042Title MGR  
Name THOMPSON, GARY T  
Address 226 MAIN STREET  
City-State-Zip: FLORENCE KY 41042

*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:** WILLIAM J KATHMAN JR**MANAGER****02/20/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date