

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005017

FILED
Jan 15, 2016
Secretary of State
CC4803658734

Entity Name: DEERFIELD BEACH ES LEASING, L.L.C.

Current Principal Place of Business:

545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING, TX 75062

Current Mailing Address:

545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING, TX 75062

FEI Number: 46-0860112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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 SMITH, RICHARD A
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

Title MGR
Name HUGHES, MICHAEL C
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

Title MGR
Name YELLEN, JONATHAN H
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name MUNDY, LARRY J
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name NYE, CHARLES N
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name GREEN, BIANCA S
Address 545 EAST JOHN CARPENTER
FREEWAY, STE. 1300
City-State-Zip: IRVING TX 75062

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: JONATHAN H. YELLEN

MANAGER

01/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date