

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008475

**Entity Name:** HOLMAN FLEET LEASING, LLC

**Current Principal Place of Business:**

4001 LEADENHALL ROAD  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL ROAD  
MOUNT LAUREL, NJ 08054

**FEI Number: 86-1682778**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name CONROY , CHRISTOPHER G.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name HURREN , CHRISTOPHER S.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name HORWITH , BRIAN K.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name HOLMAN , MELINDA K.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name BRYAN , MARK  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name WILLIAMS , CLINT  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name MULLIN , KATHERINE A.  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title MANAGER  
Name WELLS , JAMES RUSSELL  
Address 4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

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*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: JAMES RUSSELL WELLS**

**MANAGER**

**04/22/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           ZULLI , GEORGE L.  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           ORTELL , CARL A.  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054

Title           MANAGER  
Name           QUINN, KEVIN JAMES  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MOUNT LAUREL NJ 08054