

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90136 036 \*\*\*\*50.00

DOCUMENT # 201000008676

1. Entity Name  
**RICE LEASING LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**8069 CLEAR SHORES CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**DELRAY BEACH, FLA.**

4. FEI Number

**04-3644829**

Applied For

Not Applicable

Zip

Country

Zip

**33446**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**T.N. MURPHY JR. P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**980 N. FEDERAL HWY, SUITE 410**

City

**BOCA RATON**

**FL**

Zip Code

**33432**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

**Carl Oleksy**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
CARL OLEKSY  
8069 CLEAR SHORES CIRCLE  
DELRAY BEACH, FL 33446**

TITLE  
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CITY-ST-ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

**Carl Oleksy**

**CARL OLEKSY**

**4-20-02 561 863 4089**