

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90061 031 ****50.00

DOCUMENT # L01000008676

1. Entity Name

RICE LEASING, LLC



Principal Place of Business

8069 CLEAR SHORES CIRCLE
DELRAY BEACH FL 33446

Mailing Address

8069 CLEAR SHORES CIRCLE
DELRAY BEACH FL 33446

20004165

2. Principal Place of Business

7305 ROWLETT PARK DR.
Suite, Apt. #, etc.

3. Mailing Address

8069 CLEAR SHORES CIR.
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

TAMPA FL

City & State

DELRAY BEACH, FL

4. FEI Number

54-3644829

Applied For

Not Applicable

Zip
33610

Country

HILLSBOROUGH

Zip

33446

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLEKSY, ERIC
1821 TINKER DR
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OLEKSY, ERIC
1821 TINKER DR
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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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

1-21-05

561 638 4089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #