

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019895

1. Entity Name

INDIAN CREEK LEASING, LLC

Principal Place of Business

2646 SW MAPP ROAD
SUITE 203
PALM CITY FL 34990
US

Mailing Address

2646 SW MAPP ROAD
SUITE 203
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENT ENTERPRISES, LLC
4756 NW 114 LANE
CORAL SPRINGS FL 33076

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

Managing Member ☐ Change ☒ Addition
NAME Michael R. KENT II
STREET ADDRESS 4756 114 LANE
CITY-ST-ZIP Coral Springs FL 33063

Managing Member ☐ Change ☒ Addition
NAME MICHAEL R. KENT
STREET ADDRESS 21640 CAETAGENA DR
CITY-ST-ZIP BOCA RATON FL 33428

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90353 025 ****50.00

909776



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)