

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90088 002 ****55.00

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DOCUMENT # L02000005715

1. Entity Name

S&A LEASING CO., LLC



Principal Place of Business

**6463 SW 131 STREET
PINECREST FL 33156**

Mailing Address

**6463 SW 131 STREET
PINECREST FL 33156**

2. Principal Place of Business

151 NW 11 ST

Suite, Apt. #, etc.

301

City & State

HOMESTEAD FL

Zip

33030

Country
USA

3. Mailing Address

151 NW 11 ST

Suite, Apt. #, etc.

301

City & State

HOMESTEAD FL

Zip

33030

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TERSHAKOVEC, GEORGE R MD
6463 SW 131 STREET
PINECREST FL 33156**

7. Name and Address of New Registered Agent

Name
Tershakovec, George R MD

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

151 NW 11 ST

Suite 301

City

HOMESTEAD

FL

Zip Code

33030

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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **George A. Tershakovec MD**
STREET ADDRESS **151 NW 11 ST # 301**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

George R. Tershakovec MD

4-30-03

(305) 247-4555

CR2E083 (10/02)