561-583 -4434 Dayline Phone #

ZO03 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE:

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

DOCUMEN I. Entity Name BYERS LEASING	IT # LO2000 G LLC	010232			03 API	RILED R 30 AM 10: S	5 8 are	
Principal Place of Business 610 NORTH DIXIE HIGHWAY ANTANA FL 33462 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 610 NORTH DIXIE HIGHWAY LANTANA FL 33462			SECRETARY OF STATE TALLAHASSEE FLORIDA			
		3. Mailing Address	3. Mailing Address					
		Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES			
					4. FEI Number	438304	No	plied For x Applicable
Zip	Country	Zip	Country		5. Certificate of S		\$5.00 Add Fee Require	
6. N	ame and Address of Curre	ent Registered Agent	Na	me	7. Name and Add	iress of New Registe	ered Agent	
PARK, MICHAEL G ESQ. 610 NORTH DIXIE HIGHWAY LANTANA FL 33462				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code			
the obligations of re	egistered agent.			ce or registere				
SIGNATURE		gent and little if applicable. (f FILE Make Check Pay	NOTE: Registered Agent	signature reperted to	hen reinstating)		ATE	
SIGNATURE Signature, 1	egistered agent.	gent and little if applicable. (f FILE Make Check Pay	NOW!!! FEE	signature reported to the signature reported	ten reinstating)		NATE	
SIGNATURE Signature, 1 D. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent.	rent and vite if applicable. (f FILE Make Check Pay	NOW!!! FEE able to Florida Due By May 1, 10. TITLE NAME STREET ADDR CITY-ST-ZIP	signature reported. IS \$50.00 Department 2003 MGR	t of State M GOUSTET N DY E	ADDITIONS/CHAN	NATE	
SIGNATURE	egistered agent.	FILE Make Check Pay BERS/MANAGERS Delete	NOW!!! FEE able to Florida Due By May 1, TITLE NAME STREET ADDR CITY-ST-ZIP	signature reperted. IS \$50.00 Department 2003 MGR TON LAN MGRA	t of State M GOUSTON N (D) X 1 ET AND A	ADDITIONS/CHAN N 14W4 - 3346+	NGES Change	Addition Addition
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