

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-17-2003 90030 012 ****50.00

DOCUMENT # L02000018564

1. Entity Name
DRANOEL, LLC



Principal Place of Business
**26092 WATERFOWL LANE
PUNTA GORDA FL 33983**

Mailing Address
**26092 WATERFOWL LANE
PUNTA GORDA FL 33983**

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

37-1439378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARD, JEFFREY J
26092 WATERFOWL LANE
PUNTA GORDA FL 33983**

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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TREASURER
JEFFREY J. LEONARD
26092 WATERFOWL LN.
PUNTA GORDA, FLA. 33983

☐ Delete

☐ Change ☐ Addition

SECRETARY
E. RECHARD LEONARD
3855 SAN LORENZO DR.
PUNTA GORDA, FLA. 33950

☐ Delete

☐ Change ☐ Addition

SECRETARY
E. RECHARD LEONARD
3855 SAN LORENZO DR.
PUNTA GORDA, FLA. 33950

☐ Delete

☐ Change ☐ Addition

☐ Delete

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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:

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

Date

Daytime Phone #

CR2E083 (10/02)