

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023267

1. Entity Name

EXPRESS COMMERCIAL CAPITAL, LLC



Principal Place of Business

1515 N. FEDERAL HWY., STE. 107
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HWY., STE. 107
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0068577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREER, DOUGLAS
1515 N. FEDERAL HWY., STE. 107
BOCA RATON FL 33432

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GREER, DOUGLAS
STREET ADDRESS 1515 N. FEDERAL HWY., STE. 107
CITY-ST-ZIP BOCA RATON FL 33432

☐ Change ☐ Addition
NAME 000000282676
STREET ADDRESS 03/31/05-80051-024 50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BANNER, SIDNEY
STREET ADDRESS 1515 N. FEDERAL HWY 107
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE MGR ☐ Delete
NAME BANNER, ROBERT
STREET ADDRESS 1515 N. FEDERAL HWY 107
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

Sidney Banner V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIDNEY BANNER

Date

Day/Time Phone #

3/29/05 (561) 368-1771