

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000116360

1. Entity Name
UNITED SEAL LEASING, LLC



Principal Place of Business
**7236 NW 72ND AVE
MIAMI, FL 33166**

Mailing Address
**7236 NW 72ND AVE
MIAMI, FL 33166**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3890029

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEMKE, JEFFREY D
7236 NW 72ND AVE
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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

Jeffrey D. Lemke
Jeffrey D. Lemke

1/9/2007

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEMKE, JEFFREY D
7236 NW 72ND AVE
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLDEN, GEORGE A
11800 BERRY DRIVE
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLDEN, RUTH L
11800 BERRY DRIVE
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLDEN, JORGE T
11800 BERRY DRIVE
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000585096
01/12/07-80061-024 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeffrey D. Lemke *Jeffrey D. Lemke* *1/9/2007* *305 805 9920*

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

Date

Daytime Phone #