

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116360

FILED
Feb 17, 2009
Secretary of State

Entity Name: UNITED SEAL LEASING, LLC

Current Principal Place of Business:

7236 NW 72ND AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7236 NW 72ND AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-3890029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMKE, JEFFREY D
Address: 7236 NW 72ND AVE
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: HOLDEN, GEORGE A
Address: 11800 BERRY DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM () Delete
Name: HOLDEN, RUTH L
Address: 11800 BERRY DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM () Delete
Name: HOLDEN, JORGE T
Address: 11800 BERRY DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

PRES

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date