

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000102887

1. Entity Name
ENTERPRISE EXPRESS LENDING, LLC



SEP 17 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8601 BEACH BLVD., UNIT #1406
JACKSONVILLE, FL 32216

Mailing Address
8601 BEACH BLVD., UNIT #1406
JACKSONVILLE, FL 32216



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

41-2254647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHULTZ, DANIEL
8601 BEACH BLVD., UNIT #1406
JACKSONVILLE, FL 32216

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

Daniel Schultz

(NOTE: Registered Agent signature required when reinstating)

09/10/08

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCHULTZ, DANIEL
8601 BEACH BLVD., UNIT #1406
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900136149059
09/19/08--01042--003 **138.75

TITLE
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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:

Daniel Schultz

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

09/10/08

Date

904-249-0500

Daytime Phone #