

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 010 ***138.75

DOCUMENT # L07000113981

1. Entity Name
21ST FINANCIAL LENDING AND LEASING, LLC



Principal Place of Business
4 W DANIA BCH BLVD
DANIA, FL 33004

Mailing Address
4 W DANIA BCH BLVD
DANIA, FL 33004

60039341

2. Principal Place of Business - No P.O. Box #
4700 SHERIDAN STREET
Suite, Apt. #, etc.
SUITE B

3. Mailing Address
4700 SHERIDAN STREET
Suite, Apt. #, etc.
SUITE B



03202008 Chg-LLC CR2E083 (12/06)

City & State
HOLLYWOOD, FL
Zip
33021
Country
BERNARD

City & State
HOLLYWOOD, FL
Zip
33021
Country
USA

4. FEI Number
201-44-2321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, KC
4 W DANIA BCH BLVD
DANIA, FL 33004

7. Name and Address of New Registered Agent

Name
CROSS, KC
Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN STREET, SUITE B
City
HOLLYWOOD FL Zip Code
33021

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CROSS, KC
4 W DANIA BCH BLVD
DANIA, FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CROSS, KC
4700 SHERIDAN STREET, STE B
HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

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

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

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

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

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

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:

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

4/30/08 954-367-4563
Date Daytime Phone #