

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90087 009 ****50.00

DOCUMENT # L 98 000 00 2209

1. Entity Name

FDC LEASING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14500 VISTA RIVER DR.

Suite, Apt. #, etc.

3. Mailing Address

14500 VISTA RIVER DR.

Suite, Apt. #, etc.

C/O AL HOFFMAN

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

Zip

33908

Country

USA

City & State

FORT MYERS, FL

Zip

33908

Country

USA

4. FEI Number

59-3536296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MILTON FLINN

Street Address (P.O. Box Number is Not Acceptable)

24301 WALDEN CENTER DRIVE

SUITE 205

City

BONITA SPRINGS

FL

Zip Code

34134

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

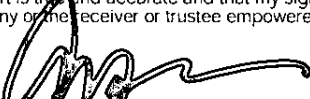
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ACKERMAN, DON E 24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOFFMAN, ALFRED JR. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/3/02

941-433-5111
EXT. 38