

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

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90087 025 \*\*\*\*50.00

DOCUMENT # M02000003241

1. Entity Name



DELAWARE AVLEASE, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18167 US HIGHWAY 19 N, STE 499

Suite, Apt. #, etc.

3. Mailing Address

18167 US HIGHWAY 19 N

Suite, Apt. #, etc.

SUITE 499

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

01-0752788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

**DO NOT WRITE  
IN THIS SPACE**

6. 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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
WILLIAM H. MCGILL, JR  
18167 US 19 N, SUITE 499  
CLEARWATER, FL 33764

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP, S, T  
MICHAEL H. McLAMB  
18167 US 19 N, SUITE 499  
CLEARWATER, FL 33764

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS  
KURT FRAHN  
18167 US 19 N, SUITE 499  
CLEARWATER, FL 33764

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS  
JACK EZZELL  
18167 US 19 N, SUITE 499  
CLEARWATER, FL 33764

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 #

2/17/23 (727) 531-1700

CR2E083B (12/02)