

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060848

**Entity Name:** TL HEALTHCARE LEASING LLC

**Current Principal Place of Business:**

2071 FLATBUSH AVE.  
SUITE 22  
BROOKLYN, NY 11234

**Current Mailing Address:**

2071 FLATBUSH AVE.  
SUITE 22  
BROOKLYN, NY 11234

**FEI Number:** 26-3676888

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name ELIEZER, SCHEINER  
Address 2071 FLATBSUH AVE, SUITE 22  
City-State-Zip: BROOKLYN NY 11234

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIEZER SCHEINER

MGRM

01/29/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date