

2014 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:

INTERSTATE AGENT SERVICES, LLC
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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

MEMBER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date