

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M09000003003

Entity Name: ENTERPRISE LEASING COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

5105 JOHNSON ROAD
COCONUT CREEK, FL 33073

Current Mailing Address:

5105 JOHNSON ROAD
COCONUT CREEK, FL 33073 US

FEI Number: 59-1664426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name SHORT, RICK A.
Address 5105 JOHNSON ROAD
City-State-Zip: COCONUT CREEK FL 33073

Title MANAGER
Name TAYLOR, CHRISTINE B.
Address 5105 JOHNSON ROAD
City-State-Zip: COCONUT CREEK FL 33073

Title MANAGER
Name TAYLOR, ANDREW C.
Address 5105 JOHNSON ROAD
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name LAMONTE, DAVE
Address 11034 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name DULAC, PETER
Address 1905 BOYSCOUT DRIVE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name LONG, BRIDGET
Address 5105 JOHNSON ROAD
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name MOORE, KEVIN
Address 3505 E FRONTAGE ROAD
STE 200
City-State-Zip: TAMPA FL 33607

Title VP
Name DIEHL, CHRISTINE
Address 5105 JOHNSON ROAD
City-State-Zip: COCONUT CREEK FL 33073

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: RICK SHORT

MANAGER

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date