

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009533**

1. Entity Name  
**SOUTHERN LEASING, LLC**



Principal Place of Business

**1600 N.W. 163 STREET  
MIAMI, FL 33169**

Mailing Address

**1600 N.W. 163 STREET  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**65-1030753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEIF, EVAN D  
2800 PONCE DE LEON BOULEVARD, SUITE 1125  
CORAL GABLES, FL 33134**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
CHAPLIN, WAYNE  
1600 NW 163RD STREET  
MIAMI, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
BECKER, STEVEN  
1600 NW 163RD STREET  
MIAMI, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000230618  
02/15/05-80050-013 50.00

**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 OR AUTHORIZED REPRESENTATIVE

2/10/05

305-625-4171

Date

Daytime Phone #