

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076941

Entity Name: O8O LEASING LLC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

2804 N 36TH STREET
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

2804 N 36TH STREET
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 26-3147244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPISAK, KAREN G
2804 N 36TH STREET
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELL, CHRISTOPHER J
Address: 2804 N 36TH STREET
City-St-Zip: TAMPA, FL 33605 US

Title: MGRM () Delete
Name: SPISAK, KAREN G
Address: 2804 N 36TH STREET
City-St-Zip: TAMPA, FL 33605 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRGM () Change (X) Addition
Name: BARRS, CHRISTOPHER C
Address: 2804 N. 36TH STREET
City-St-Zip: TAMPA, FL 33605 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAREN G SPISAK

MRGM

06/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date