

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000021473

**Entity Name:** BHH LEASING #1, LLC**Current Principal Place of Business:**10100 AILERON AVENUE  
PENSACOLA, FL 32506**Current Mailing Address:**10100 AILERON AVENUE  
PENSACOLA, FL 32506**FEI Number:** 52-2454147**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, THOMAS A  
10100 AILERON AVE.  
PENSACOLA, FL 32506 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            | BHH LEASING, INC.  |
| Address         | 10100 AILERON AVE. |
| City-State-Zip: | PENSACOLA FL 32506 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PCEO                  |
| Name            | BROWN, THOMAS A       |
| Address         | 14838 INNERARITY ROAD |
| City-State-Zip: | PENSACOLA FL 32507    |

|                 |                    |
|-----------------|--------------------|
| Title           | V                  |
| Name            | BROWN, PATRICK F   |
| Address         | 400 COLBERT AVENUE |
| City-State-Zip: | PENSACOLA FL 32507 |

|                 |                    |
|-----------------|--------------------|
| Title           | SCFO               |
| Name            | LANE, JOHN H       |
| Address         | 311 WOODBINE DRIVE |
| City-State-Zip: | PENSACOLA FL 32503 |

*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:** JOHN H. LANE**CFO****04/08/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date