

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000845

**Entity Name:** DJONT/CMB ORSOUTH LEASING, L.L.C.

**Current Principal Place of Business:**

545 E. JOHN CARPENTER FWY., SUITE 1300  
IRVING, TX 75062

**Current Mailing Address:**

545 E. JOHN CARPENTER FWY., SUITE 1300  
IRVING, TX 75062

**FEI Number: 75-2874741**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD.,INC.  
115 NORTH CALHOUN STREET STE 4  
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	Title	MGR
Name	SMITH, RICHARD A	Name	YELLEN, JONATHAN H
Address	545 E. JOHN CARPENTER FWY., SUITE 1300	Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062	City-State-Zip:	IRVING TX 75062
Title	MGR	Title	OFFICER
Name	HUGHES, MICHAEL C	Name	MUNDY, LARRY J
Address	545 E. JOHN CARPENTER FWY., SUITE 1300	Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062	City-State-Zip:	IRVING TX 75062
Title	OFFICER	Title	OFFICER
Name	NYE, CHARLES N	Name	GREEN, BIANCA S
Address	545 E. JOHN CARPENTER FWY., SUITE 1300	Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062	City-State-Zip:	IRVING TX 75062

*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: JONATHAN H. YELLEN**

**MANAGER**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date