

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000321

1. Entity Name
STRAIGHT A LEASING, LLC



Principal Place of Business
**500 SE 5TH AVENUE
701
BOCA RATON, FL 33432 US**

Mailing Address
**500 SE 5TH AVENUE
701
BOCA RATON, FL 33432 US**



03082005 No Chg-LLC

CR2E083 (10/03)

4. FCI Number
01-0551766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEVY, LILY
500 SE 5TH AVENUE
701
BOCA RATON, FL 33432**

**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 changing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEVY, LILY
500 SE 5TH AVENUE, #701
BOCA RATON, FL 33432**

TITLE
NAME
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CITY - ST - ZIP
**MGRM
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500 SE 5TH AVENUE, #701
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000000258478
03/10/05-80041-021 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)(f), 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

Date

Daytime Phone #

3/7/05

561 445 5981