


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90098 050 ***143.75

DOCUMENT # L02000006170

1. Entity Name
G & J LEASING, LLC



Principal Place of Business
**P.O. BOX 291935
 PORT ORANGE, FL 32129**

Mailing Address
**P.O. BOX 291935
 PORT ORANGE, FL 32129**

50002775

2. Principal Place of Business - No P.O. Box #
1554 Rusty Circle

3. Mailing Address
1554 Rusty Circle

Suite, Apt. #, etc.



04092008 Chg-LLC CR2E083 (12/06)

City & State
Port Orange, FL

City & State
Port Orange, FL

Zip
32129

Country
Volusia

Zip
32129

Country
Volusia

4. FEI Number
01-0633768

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRYAN, JOHN S
 1554 RUSTY CIRCLE
 PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *John S Bryan* (NOTE: Registered Agent signature required when reinstating)

DATE: 4/9/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, JOHN S P.O. BOX 291935 PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1554 Rusty Circle Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, GLORIA G P.O. BOX 291935 PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1554 Rusty Circle Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John S Bryan* 4/9/08 386 405 4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #