

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028228

1. Entity Name
ARMELLINI LEASING, LLC



Principal Place of Business
**3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**

Mailing Address
**3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3719160

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLASON, JOHN J
3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

0000000094162
03/22/04-80047-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUSHARM, JUDITH R
1230 S.W. DYER POINT RD.
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NICHOLASON, JOHN J
1149 S.W. HOGAN STREET
PORT ST LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

J. Dusharm

Date

3/18/04

Daytime Phone #

7722870575