

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000018867

1. Entity Name
BLAJOLEE LEASING COMPANY, L.L.C.



Principal Place of Business

5830 LAKE UNDERHILL ROAD
ORLANDO, FL 32807

Mailing Address

5830 LAKE UNDERHILL ROAD
ORLANDO, FL 32807



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1190099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803

**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 reinstating)

DATE

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

U000000781596
01/15/08-80042-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BIBLIOWICZ, MICHAEL M
STREET ADDRESS	4399 GABRIELLA LANE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGR
NAME	HARRINGTON, DALE C
STREET ADDRESS	5138 FAIRWAY OAKS DR.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGR
NAME	RABAJA, DAVID R
STREET ADDRESS	9743 CHESTNUT RIDGE DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/08 407-658-0228