

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90033 016 ****50.00

DOCUMENT # L03000026158

1. Entity Name
FLORIDA LEASING CO. LLC



Principal Place of Business
**7195 NW 30TH ST
MIAMI, FL 33122**

Mailing Address
**7195 NW 30TH ST
MIAMI, FL 33122**

20008702



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0126492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDERS, ARTHUR
7195 NW 30TH ST
MIAMI, FL 33122**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDERS, ARTHUR 7195 NW 30TH ST MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDERS, JACK 7195 NW 30TH ST MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROLLE, GARY CARROLLE, GARY 7195 NW 30TH ST MIAMI, FL 33122 (SPELLING ERROR)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4/10/07

305-593-2946