

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 011 ****50.00

DOCUMENT # L04000023010

1. Entity Name
F & M LEASING, LLC



Principal Place of Business

**8853 NEW CASTLE DRIVE
FORT MYERS, FL 33908**

Mailing Address

**8853 NEW CASTLE DRIVE
FORT MYERS, FL 33908**



07182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0995876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CREECH, MARJORIE
8853 NEW CASTLE DRIVE
FORT MYERS, FL 33908**

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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	PMM
NAME	CREECH, FRANK E
STREET ADDRESS	8853 NEW CASTLE DR
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	MM
NAME	CREECH, MARJORIE
STREET ADDRESS	8853 NEW CASTLE DR
CITY-ST-ZIP	FT MYERS, FL 33908
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

7-20-06 239 415-3732
Date Daytime Phone #