

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000042891

1. Entity Name
FLAG LEASING II, LLC



Principal Place of Business
**3000 LANGLEY AVE, STE 402
PENSACOLA, FL 32504**

Mailing Address
**3000 LANGLEY AVE, STE 402
PENSACOLA, FL 32504**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1213026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, EDESEL F JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502**

**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
**MGRM
CORLEY, DIANE
3000 LANGLEY AVE STE 402
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LOWERY, RODGER
3000 LANGLEY AVE STE 402
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FRUITTICHER, TOM
3000 LANGLEY AVE STE 402
PENSACOLA, FL 32504**

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**

U000000724076
05/02/07-80096-016 50.00

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 *Diane Corley* **DIANE CORLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/07 850-477-0419
Date Daytime Phone #