

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000092607

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA LEASING, LLC

**Current Principal Place of Business:**

931 DENNIS AVENUE  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

931 DENNIS AVENUE  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 20-2045417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BUCHANAN, PATRICIA A  
931 DENNIS AVENUE  
ORLANDO, FL 328075120 US

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.

SIGNATURE: PATRICIA A BUCHANAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUCHANAN, PATRICIA A  
Address: 931 DENNIS AVENUE  
City-St-Zip: ORLANDO, FL 328075120

Title: MGRM ( ) Delete  
Name: BUCHANAN, LAUREN M  
Address: 931 DENNIS AVENUE  
City-St-Zip: ORLANDO, FL 328075120

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA A BUCHANAN

MRS

10/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date