


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90121 013 ****50.00

DOCUMENT # L05000000149					
1. Entity Name SIMCO LEASING, LLC					
Principal Place of Business 1200 FLIGHTLINE BOULEVARD SUITE 10 DELAND, FL 32724			Mailing Address 1200 FLIGHTLINE BOULEVARD SUITE 10 DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2292383	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DEBARY, FL 32713				Name <i>Vic Johnson</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>1200 FLIGHTLINE BLVD, STE 5</i>	
				City <i>DELAND</i> FL Zip Code <i>32724</i>	
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 <i>[Signature]</i>				DATE <i>6/11/07</i>	
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOCUM, MICHAEL D		NAME	<i>VIC JOHNSON</i>	
STREET ADDRESS	448 N. PINE MEADOW DRIVE		STREET ADDRESS	<i>1200 FLIGHTLINE BLVD, STE 5</i>	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	<i>DELAND, FL 32724</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>				DATE <i>6/11/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	

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