

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040806

Entity Name: HENN LEASING, LLC

FILED  
Jan 30, 2008  
Secretary of State

**Current Principal Place of Business:**

3291 WEST SUNRISE BLVD.  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

3291 WEST SUNRISE BLVD.  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 20-2821080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMS, RONALD  
2302 E HILLSBOROUGH AVE  
TAMPA, FL 33610 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENN, PRESTON  
Address: 3291 WEST SUNRISE BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGRM ( ) Delete  
Name: HENN, BETTY  
Address: 3291 WEST SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: MGR ( ) Delete  
Name: CATHERS, CHRISTINA A  
Address: 3291 WEST SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

**ADDITIONS/CHANGES:**

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

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 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: BETTY HENN

MGRM

01/30/2008

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