

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000041712

1. Entity Name
LP EQUIPMENT LEASING, LLC



Principal Place of Business
206 N. MAIN
LAKE PLACID, FL 33852 US

Mailing Address
P. O. BOX 2680
LAKE PLACID, FL 33862 US



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2769909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNONE, GREGORY L
206 N. MAIN AVENUE
LAKE PLACID, FL 33852

**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	MGR
NAME	ARNONE, GREGORY L
STREET ADDRESS	P. O. BOX 2680
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	MGRM
NAME	ARNONE, GREGORY L
STREET ADDRESS	P. O. BOX 2680
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	MGRM
NAME	ARNONE, PAMELA S
STREET ADDRESS	P. O. BOX 2680
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000627741
02/15/07-80072-019 50.00

**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 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

1/9/07

863-699-1723 X202

Date

Daytime Phone #