

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055482

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** LEASING & FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

23 HOLLOW PINE DRIVE  
DEBARY, FL

**New Principal Place of Business:**

**Current Mailing Address:**

23 HOLLOW PINE DRIVE  
DEBARY, FL

**New Mailing Address:**

**FEI Number:** 20-3056066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STRAWN, JOEL T ESQ  
STRAWN MONAGHAN & COHEN, P.A.  
54 N.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483 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:** ST  
**Name:** BURK, K. ERIC TREAS  
**Address:** 17918 128TH TRAIL NORTH  
**City-St-Zip:** JUPITER, FL 33478

**Title:** PRES  
**Name:** MCLAUGHLIN, MICHAEL PRES  
**Address:** 23 HOLLOW PINE DRIVE  
**City-St-Zip:** DEBARY, FL 32713

I hereby 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:** K ERIC BURK

ST

04/27/2010

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