


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

02-14-2008 90071 017 \*\*\*138.50  
L05000119050

**FILED**

<b>DOCUMENT # L05000119050</b> 1. Entity Name <b>A &amp; W LEASING, LLC</b>	
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**08 FEB 27 AM 10:05**

**SECRETARY OF STATE  
ALLAHASSEE, FLORIDA**

Principal Place of Business <b>2704 REW CIRCLE, SUITE 105 OCOE, FL 34761</b>	Mailing Address <b>2704 REW CIRCLE, SUITE 105 OCOE, FL 34761</b>
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**60007960**



01292008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4036820</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ASMA, WILLIAM N 884 S. DILLARD STREET WINTER GARDEN, FL 34787</b>
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**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR EAYRS, ALLAN 2704 REW CIRCLE, SUITE 105 OCOE, FL 34761</b>
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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: *Allan F. Eayrs* **Allan F. Eayrs** 1/30/08 407-694-4265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #