

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002730

FILED  
Sep 21, 2009  
Secretary of State

**Entity Name:** COMMERCIAL LEASING-FL, LLC

**Current Principal Place of Business:**

225 W. VIRGINIA AVE.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

225 W. VIRGINIA AVE.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 20-4087730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TELGENOF, MICHAEL  
225 W. VIRGINIA AVE.  
PUNTA GORDA, FL 33950      US

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: TELGENHOF, MICHAEL  
Address: 431 GASPAR KEY LANE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM ( ) Delete  
Name: KOCH, REXFORD R  
Address: 225 W. VIRGINIA AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

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: REXFORD R. KOCH

MGRM

09/21/2009

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