

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025429

Entity Name: EXQUISITE LEASING, LLC

FILED
Jun 03, 2008
Secretary of State

Current Principal Place of Business:

4900 N.E. 11TH AVENUE
OAKLAND PARK, FL 33334

New Principal Place of Business:

9561 N.W. 18TH STREET
PLANTATION, FL 33322

Current Mailing Address:

4900 N.E. 11TH AVENUE
OAKLAND PARK, FL 33334

New Mailing Address:

9561 N.W. 18TH STREET
PLANTATION, FL 33322

FEI Number: 20-4854695 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:

GREENBERG & STRELITZ, P.A.
4800 N. FEDERAL HIGHWAY
SUITE 304D
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

COHEN, RONALD I MEMBER
9561 N.W. 18TH STREET
PLANTATION, FL 33322 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: RONALD I. COHEN

06/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EXQUISITE MOTORWORKS, , LLC
Address: 4900 N.E. 11TH AVNUE
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EXQUISITE MOTORWORKS, , LLC
Address: 9561 N.W. 18TH STREET
City-St-Zip: PLANTATION, FL 33322

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: RONALD I. COHEN

MEMB

06/03/2008

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