

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044363

Entity Name: SUMMIT LEASING LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

325 DENNARD AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

325 DENNARD AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 20-4778015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREECE, JAMES KURT
325 DENNARD AVENUE
JACKSONVILLE, FL 32254 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: MGR () Delete
Name: TREECE, JAMES K MANAGER
Address: 325 DENNARD AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CLEGHORN, BENNY L JR
Address: 1715 KINGSWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Change (X) Addition
Name: CLEGHORN, BENNY L
Address: 1715 KINGSWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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: BECKY BOWEN

OM

01/29/2009

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