

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044363

Entity Name: SUMMIT LEASING LLC

**FILED**  
**Jan 24, 2012**  
**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  
Name: TREECE, JAMES K MANAGER  
Address: 325 DENNARD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

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

Title: VP  
Name: CLEGHORN, BENNY L  
Address: 1715 KINGSWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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: BENNY L. CLEGHORN JR

VP

01/24/2012

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