106000058209

(Re	equestor's Name)	
(Ac	idress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Вс	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		828
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SECHETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Advanced Leasing, LL((Name of	C Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Tommy D. Permenter, Jr., Esq. (Name of Person)	OF AUG -1 AM 8: 47 SECRETARY OF STATE TALLAHASSEE, FLOATE
BAPS&C	A STATE OF THE STA
(Firm/Company)	FLOSI FLOSI
101 S.W. Third Street	第二
(Address)	
Ocala, FL 34474 (City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Tommy D. Permenter, Jr., Esq. (Name of Person)	_at (352) 622-1188 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	-		out Cuito C. Conto Florido 24474
2. The mailing address of	the limited liability co	ompany is : 1951 5.77. 18th Co	urt, Suite C, Ocala, Florida 34474
6/7/06		L06000058209	
3. Date of filing/registration in Florida 4. Document		mber	
5. The name of the register Florida Department of S		stered office address as shown	on the records of the
<u>-</u>	Frank A. Mooney	/	
		Name	•
	4510 West Hwy. 4		-
		Address	
	Ocala, FL 34482 City.	State and Zip	-·
6. The name and address of the new registered agent and/or office:		OF AUG-1 AM 8: 47	
	Richard L. Barner	, Jr.	器一届
Name 1951 S.W. 18th Court, Suite C		用 ·	
	Florida street address	s (P.O. Box NOT acceptable)	SS 5
1	Ocala	FL 34474	<i>S</i> ^m −
-	City, S	tate and Zip	<u> </u>
confirmed that after the ch and the business office of I liability company, it is her	ange or changes are me the registered agent with the confirmed that the ted liability company tof the limited liability		of the registered office of a Florida limited ed by an affirmative vote
Richard L. Barner, Jr.			
(Printed or typed name of signee)		 ,	-
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	atment as registered as of all statutes relative accept the obligation is document is being f that the limited liabilit	gent and agree to act in this co to the proper and complete p s of my position as registered iled to merely reflect a chang y company has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in ein the registered office my writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)