

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066507

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** LEESBURG EQUIPMENT & PARTY RENTAL CENTER, LLC

**Current Principal Place of Business:**

800 N 14TH ST  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

1009 N 14TH ST  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 20-5161894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLLINKA, DAVID J  
1835 HEALTH CARE DR  
TRINITY, FL 34655 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: MGRM ( ) Delete  
Name: DAVIS, ROBERT D  
Address: 1219 AYSHIRE STREET  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Delete  
Name: DAVIS, LARRY W JR.  
Address: P.O. BOX 971  
City-St-Zip: SEBRING, FL 33871

**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:** LARRY W DAVIS JR

MGRM

02/04/2009

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