

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066507

**FILED**  
**Apr 06, 2011**  
**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:**

1009 N 14TH ST  
LEESBURG, FL 34748 US

**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:** ST  
**Name:** DAVIS, ROBERT D  
**Address:** 1219 AYSHIRE STREET  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** OM  
**Name:** DAVIS, LARRY W JR.  
**Address:** P.O. BOX 971  
**City-St-Zip:** SEBRING, FL 33871

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: LARRY W. DAVIS, JR.

OM

04/06/2011

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