

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000098045**

1. Entity Name  
**DON L. LEASING, L.L.C.**



Principal Place of Business  
**2500 W SAMPLE ROAD  
C/O MAXWELL LLOYD  
CORAL SPRINGS, FL 33073**

Mailing Address  
**2500 W SAMPLE ROAD  
C/O MAXWELL LLOYD  
CORAL SPRINGS, FL 33073**



01292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5680009**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000900746  
04/29/08-80042-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LLOYD, MAXWELL
STREET ADDRESS	2500 W SAMPLE ROAD
CITY-ST-ZIP	CORAL SPRINGS, FL 33073
TITLE	MGR
NAME	COHEN, STEPHEN B
STREET ADDRESS	2500 W SAMPLE ROAD
CITY-ST-ZIP	CORAL SPRINGS, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Maxwell Lloyd, Mgr**

**4-15-08**

Date

**954-968-7900**

Daytime Phone #