

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000111162

**FILED**  
**Dec 16, 2008**  
**Secretary of State**

**Entity Name:** CONSTANT EQUIP. LEASING, LLC

**Current Principal Place of Business:**

415 BUTTONWOOD LANE  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

415 BUTTONWOOD LANE  
LARGO, FL 33770 US

**New Mailing Address:**

FEI Number: 20-8853558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CONSTANT, ROBERT  
415 BUTTONWOOD LANE  
LARGO, FL 33770 US

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: ROBERT CONSTANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONSTANT, ROBERT  
Address: 415 BUTTONWOOD LANE  
City-St-Zip: LARGO, FL 33770 US

Title: MGRM ( ) Delete  
Name: ORLANDO, ANTHONY F  
Address: 7993 2ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707 US

**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: ROBERT CONSTANT

MGRM

12/16/2008

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