

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015555

Entity Name: MEAD RENTAL, LLC

FILED
Feb 03, 2008
Secretary of State

Current Principal Place of Business:

730 GOODLETTE ROAD, NORTH #201
NAPLES, FL 34102

New Principal Place of Business:

730 GOODLETTE ROAD, NORTH
201
NAPLES, FL 34102

Current Mailing Address:

730 GOODLETTE ROAD, NORTH #201
NAPLES, FL 34102

New Mailing Address:

730 GOODLETTE ROAD, NORTH
201
NAPLES, FL 34102

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
% COX & NICI
1185 IMMOKALEE ROAD, STE. 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

MEAD, KATHY J MRS.
201 BAREFOOT BEACH BLVD
BONITA SPRINGS, FL 34134 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: KATHY JO MEAD

02/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEAD, LEON P
Address: 730 GOODLETTE ROAD, NORTH #201
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: MEAD, KATHY JO
Address: 730 GOODLETTE ROAD, NORTH #201
City-St-Zip: NAPLES, FL 34102

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: KATHY JO MEAD

MGR

02/03/2008

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