

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042264

FILED
May 11, 2009
Secretary of State

Entity Name: AMERICAN INTEGRITY LEASING SERVICES, LLC

Current Principal Place of Business:

16430 US HWY 19
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

16430 US HWY 19
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 20-8892147 **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:

PAUL NESSLER, JR PA ATTORNEY AT LAW
10002 CORTEZ BLVD
SPRING HILL, FL 34613 US

Name and Address of New Registered Agent:

DUSHEIKO AND ASSOCIATES
1021 E OAKWOOD STREET
#1A
TARPON SPRINGS, FL 34689 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: SELWYN DUSHEIKO

05/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELUCA, UMBERTO
Address: 7466 OAK TREE LANE
City-St-Zip: SPRING HILL, FL 34607 US

Title: MGR () Delete
Name: DELUCA, UMBERTO
Address: 7466 OAK TREE LANE
City-St-Zip: SPRING HILL, FL 34607 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: UMBERTO DELUCA

MGMR

05/11/2009

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