

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060571

FILED
Apr 02, 2009
Secretary of State

Entity Name: HF EQUIPMENT LEASING, LLC

Current Principal Place of Business:

4411 NE 83RD ROAD
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

4411 NE 83RD ROAD
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEARNS, DARREN
1868 SE 85TH STREET ROAD
OCALA, FL 34480 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: MGR () Delete
Name: HEARNS, DARREN
Address: 1868 SE 85TH STREET ROAD
City-St-Zip: OCALA, FL 34480

Title: MGRM () Delete
Name: HEARNS, ELDENE L
Address: 1596 BLACK LAKE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: HEARNS, DANIEL
Address: 12276 CR 227
City-St-Zip: OXFORD, FL 34484

Title: MGRM () Delete
Name: CARY, DAWN
Address: 10145 COUNTY RD 117
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARREN HEARNS

MGR

04/02/2009

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