

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000063179

1. Entity Name
KINGFISHER LEASING LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 30 PM 3:08

Principal Place of Business
4542 E. BUSINESS HWY 98
A
PARKER, FL 32404 US

Mailing Address
6141 COMMANDER LANE
YOUNGSTOWN, FL 32466 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, RANDALL L
6141 COMMANDER LANE
YOUNGSTOWN, FL 32466

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WRIGHT, RANDALL L
STREET ADDRESS 6141 COMMANDER LANE
CITY-ST-ZIP YOUNGSTOWN, FL 32466

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WRIGHT, ELIZABETH V
STREET ADDRESS 6141 COMMANDER LANE
CITY-ST-ZIP YOUNGSTOWN, FL 32466

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800154369698
04/30/09--01023--020 **138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Randall L. Wright

4-18-08

(850) 814-6505

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

Date

Daytime Phone #