

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097420

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** B & M LEASING & MANAGEMENT, LLC

**Current Principal Place of Business:**

3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

P O BOX 48222  
JACKSONVILLE, FL 32247

**New Mailing Address:**

P O BOX 48222  
JACKSONVILLE, FL 32247 US

**FEI Number:** 26-1132577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SALLOUM, MAZEN G  
3959 SPRING GLEN RD  
JACKSONVILLE, FL 32207 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:** MGRM  
**Name:** ROWE, CONRAD H  
**Address:** 3959 SPRING GLEN RD  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** MGRM  
**Name:** SALLOUM, MAZEN G  
**Address:** 3959 SPRING GLEN RD  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

I hereby 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:** LAURIE M. LEE, ESQ.

ATTY

04/06/2010

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