

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100776

Entity Name: BARRON LEASING, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

13818 WEEPING WILLOW WAY
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

13400 SUTTON PARK DRIVE S. STE 1001
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 26-1181566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, HEATHER
13400 SUTTON PARK DRIVE S. STE 1001
JACKSONVILLE, FL 32224 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 () Delete
Name: NELSON, HEATHER
Address: 13400 SUTTON PARK DRIVE S. STE 1001
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: NELSON, JASON
Address: 4807 LONG BOW ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM () Delete
Name: NELSON, LINDA
Address: 500 SUGAR GROVE PLACE
City-St-Zip: ORANGE PARK, FL 32073 US

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:

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: HEATHER NELSON

MGRM

03/12/2009

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