

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007860

FILED
Apr 06, 2009
Secretary of State

Entity Name: NATIONAL AUTO LEASING & FINANCE, LLC.

Current Principal Place of Business:

550 S STATE ROAD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

17555 ATLANTIC BLVD
1201
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

550 S STATE ROAD 7
PLANTATION, FL 33317

FEI Number: 26-1802353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAMIL MOHAMMADI, ANGELA RA
550 S STATE ROAD 7
PLANTATION, FL 33317 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: HAGYAN, FIROZ
Address: 550 S STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: FAMIL MOHAMMADI, ANGELA
Address: 550 S STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: HAJIAN, FARZIN
Address: 550 S STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: FAMIL MOHAMMADI, NASSER
Address: 550 S STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

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: ANGELA FAMIL MOHAMMADI

MEMB

04/06/2009

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