

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000043744

FILED
Oct 01, 2009
Secretary of State

Entity Name: MILE HIGH LEASING, LLC.

Current Principal Place of Business:

6634 NATURE PRESERVE CT
NAPLES, FL 34109 US

New Principal Place of Business:

2051 TRADE CENTER WAY
NAPLES, FL 34109 US

Current Mailing Address:

6634 NATURE PRESERVE CT
NAPLES, FL 34109 US

New Mailing Address:

2051 TRADE CENTER WAY
NAPLES, FL 34109 US

FEI Number: 26-3082694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

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: LAURA REGIER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DANCER, BRAD
Address: 6634 NATURE PRESERVE CT
City-St-Zip: NAPLES, FL 34109 US

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

Title: MGRM () Delete
Name: PALLESCHI, MICHAEL
Address: 1464 PALMA BLANCA CT
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM (X) Change () Addition
Name: DANCER, JAIME
Address: 6634 NATURE PRESERVE CT
City-St-Zip: NAPLES, FL 34109 US

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: BRAD DANCER

MGR

10/01/2009

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