

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055638

Entity Name: LONDON RENTALS, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

4122 PARK PLACE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

8061 NE JACKSONVILLE ROAD
OCALA, FL 34479

Current Mailing Address:

4122 PARK PLACE
AMELIA ISLAND, FL 32034

New Mailing Address:

8061 NE JACKSONVILLE ROAD
OCALA, FL 34479

FEI Number: 26-2745305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDON, KRISTEN K
4122 PARK PLACE
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

LONDON, KRISTEN K
8061 NE JACKSONVILLE RD.
OCALA, FL 34479 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:

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONDON, BRENT
Address: 4122 PARK PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM () Delete
Name: LONDON, KRISTEN K
Address: 4122 PARK PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LONDON, BRENT
Address: 8061 NE JACKSONVILLE ROAD
City-St-Zip: OCALA, FL 34479

Title: MGRM (X) Change () Addition
Name: LONDON, KRISTEN K
Address: 8061 NE JACKSONVILLE ROAD
City-St-Zip: OCALA, FL 34479

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: BRENT S. LONDON

MGRM

02/12/2009

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