

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091815

Entity Name: INTREPID LEASING, LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7633 MOUNT CARMEL DRIVE  
ORLANDO, FL 32835

**New Principal Place of Business:**

15532 TROTting HORSE LANE  
TAVARES, FL 32778

**Current Mailing Address:**

7633 MOUNT CARMEL DRIVE  
ORLANDO, FL 32835

**New Mailing Address:**

15532 TROTting HORSE LANE  
TAVARES, FL 32778

FEI Number: 26-3501498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLSON, BRUCE  
7633 MOUNT CARMEL DRIVE  
ORLANDO, FL 32835 US

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

OLSON, BRUCE  
15532 TROTting HORSE LANE  
TAVARES, FL 32778 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: BRUCE OLSON

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLSON, BRUCE  
Address: 15532 TROTting HORSE LANE  
City-St-Zip: TAVARES, FL 32778

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: BRUCE OLSON

MGRM

05/01/2011

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