2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L95000000081

1. Entity Name

THE TROYER LEASING COMPANY, L.C.



FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1227 S.E. 9TH TERRACE CAPE CORAL, FL. 33990 1227 S.E. 9TH TERRACE CAPE CORAL, FL. 33990



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
65-0553347		Not Applicable
5. Certificate of Status Desired		0 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TROYER, RODNEY J 1227 S.E. 9TH TERRACE CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

8. 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.	I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000817012 02/14/08-80075-018 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROYER, RODNEY J 1227 S.E. 9TH TERRACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROYER, VIRGINIA L 1227 S.E. 9TH TERRACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		vernations contained in Chanter 119 Florida Statutes Liturber certify that the information

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 truetee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-31-08 2395742320