


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 L99000000101 FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 12 PM 4: 52

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L99000000101**

ST. JOHNS LEASING, L.L.C.
505 E. NEW YORK AVE., SUITE 1
DELAND FL 32724

1a. Principal Place of Business Address

505 E. NEW YORK AVE., SUITE
DELAND FL 32724

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/31/1998

FL

City & State

City & State

4. FEI Number

59-3550062

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ATTAWAY, CHRIS A
505 E. NEW YORK AVE., SUITE 1
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

02 22 99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required for change of agent)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM VOSR INDUSTRIES, L.L.C. 505 E. NEW YORK AVE., SUITE 1 DELAND FL

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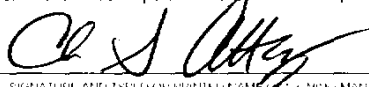
****188.75 ****188.75

BK

4/12/99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



02 22 99 904 738-9555

SIGNATURE AND TITLE OF REGISTERED AGENT (REQUIRED) MANAGER/RECEIVER/TRUSTEE (OPTIONAL)

Date

Document Number