2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055841

Entity Name: LLD LEASING, INC.

Address: City-St-Zip:

MINNEOLA, FL 34715

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 VIRGINIA STREET MINNEOLA, FL 34715 **Current Mailing Address: New Mailing Address:** 300 VIRGINIA STREET MINNEOLA, FL 34715 FEI Number: 74-3092893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELDMAN, JOHN H 215 NORTH JOANNA AVENUE TAVARES, FL 32778 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FOSHEE, CINDI Name: Name: 300 VIRGINIA STREET Address: Address: City-St-Zip: MINNEOLA, FL 34715 City-St-Zip: () Delete Title: Title: () Change () Addition Name: FOSHEE, KEVIN L Name: 300 VIRGINIA STREET Address: Address: MINNEOLA, FL 34715 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FOSHEE, CINDI Name: Name: 300 VIRGINIA STREET Address:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEVIN FOSHEE PRES 01/22/2009