## 

(Requestor's Name)  (Address)  (Address)	600175095006		
(City/State/Zip/Phone #)	04/09/1001007013 **35.00		
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	2010 APR 22 AM 9: 47  RECENTAGE CASE  AND CASE		
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2010

KATHRYN O'BRIEN PRECISION AUTO LEASING INC 201 W STATE ROAD 84 FT LAUDERDALE, FL 33315

SUBJECT: PRECISION AUTO LEASING INC

Ref. Number: P09000037795

We have received your document for PRECISION AUTO LEASING INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 110A00008957

2010 APR 22

## **COVER LETTER**

TO:	Amendment S Division of Co	ection orporations					
SUBJI	ECT:	PRECISION AUTO	D LEASING INC Corporation				
DOCL	JMENT NUMI	BER: P09	0000037795				
The en	closed Statemer	nt of Change of Registered Offi	ce/Agent and fee are submit	ted for filing.			
Please	return all corre	spondence concerning this matte	er to the following:				
		KATHRY	N O'BRIEN				
		Name of Co	ontact Person				
PRECISION AUTO LEASING INC							
		Firm/C	ompany				
	201 W STATE ROAD 84						
	******	Ad	dress				
	FORT LAUDERDALE, FL. 33315 City/State and Zip Code						
	E-	KATE@PRECISION/mail address: (to be used for	AUTOLEASING.COM future annual report notifi	ication)			
For fur	ther information	n concerning this matter, please	call:				
	KATł	HRYN O'BRIEN	at ( 954 )	557-3088			
	Name	of Contact Person	Area Code & Daytir	ne Telephone Number			
Enclos	ed is a \$35.00 c	heck made payable to the Depa	rtment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a co	rporation organized	107.1508, or 617.1508, Flo I under the laws of the Stal I agent, or both, in the Stal	te of FLORIDA			
	the corporation: PREC						
2. The principal office address: 201 W STATE ROAD 84 FORT LAUDERDALE, FL. 33315							
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	04/28/2009	Document number:	P09000037795			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)							
	REMINGTON CAP	PITAL CORP					
	1450 S DIXIE HW	Y STE 200		2			
	BOCA RATON, FL	. 33432		2010 APR			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	KATHRYN E. O'BF	RIEN		B D			
	201 W STATE RO	AD 84 P.O. Box NOT acc					
	FORT LAUDERDA		жраше				
The street address changed will	ess of its registered office	e and the street add	dress of the business offic	e of its registered agent,			
			y its board of directors or ed in writing of the chang				
- Congnato	tre of an officer or director		KATHRYN E. O'BRI	EN, SECRETARY			
I further agree of my duties, ar document is be	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflect s been notified in writing	isions of all statute: d accept the obliga ct a change in the re	gree to act in this capacit s relative to the proper at tion of my position as reg egistered office address, i	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the			
	gnature of Registered Agent		04/19/2 Date	2010			
_	ehalf of an entity:						
T	vned or Printed Name						

\* \* \* FILING FEE: \$35.00 \* \* \*