

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000001197

**Entity Name:** CONTRACTOR COMPUTER AND EQUIPMENT LEASING, LLC**Current Principal Place of Business:**8200 NW 15TH PLACE  
GAINESVILLE, FL 32606**Current Mailing Address:**PO BOX 358208  
GAINESVILLE, FL 32635 US**FEI Number:** 26-3989793**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUTTS, ROBERT PESQ  
5200 SW 91ST TERRACE STE 101  
GAINESVILLE, FL 32608 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | CARLSON, JOHN V       |
| Address         | PO BOX 358208         |
| City-State-Zip: | GAINESVILLE, FL 32635 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | WEINGART, BRECK A     |
| Address         | PO BOX 358208         |
| City-State-Zip: | GAINESVILLE, FL 32635 |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | LESLIE, BRIAN K      |
| Address         | P.O. BOX 358208      |
| City-State-Zip: | GAINESVILLE FL 32635 |

|                 |                      |
|-----------------|----------------------|
| Title           | MANAGER              |
| Name            | MORESCHI, VINCENT    |
| Address         | PO BOX 358208        |
| City-State-Zip: | GAINESVILLE FL 32635 |

|                 |                      |
|-----------------|----------------------|
| Title           | MANAGER              |
| Name            | WEBSTER, MATTHEW     |
| Address         | PO BOX 358208        |
| City-State-Zip: | GAINESVILLE FL 32635 |

|                 |                      |
|-----------------|----------------------|
| Title           | MANAGER              |
| Name            | MORGAN, JASON        |
| Address         | PO BOX 358208        |
| City-State-Zip: | GAINESVILLE FL 32635 |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | HAGIN, CHRIS              |
| Address         | PO BOX 358208             |
| City-State-Zip: | GAINESVILLE FL 32635      |

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRECK A. WEINGART

MANAGER

03/31/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date