

2018 FLORIDA LIMITED LIABILITY COMPANY 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**OWNER****01/12/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date