

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029819

**Entity Name:** THE RIDE EXPERIENCE, LLC

**Current Principal Place of Business:**

1900 S. MIAMI AVE.  
MIAMI, FL 33129

**Current Mailing Address:**

P.O. BOX 310909  
MIAMI, FL 33231-0909

**FEI Number: 20-4598363**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MALDONADO, JOSE ANTONIO  
1900 S. MIAMI AVE.  
MIAMI, FL 33129 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 MALDONADO, JOSE ANTONIO  
Address 1900 S MIAMI AVE  
City-State-Zip: MIAMI FL 33129

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE ANTONIO MALDONADO**

**OWNER**

**04/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date