

2017 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE ANTONIO MALDONADO

OWNER

04/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date