2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2018
Secretary of State
CC6835740497

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Entity Name: RIDES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2846 NE 19TH DRIVE
GAINESVILLE, FL 32609

Current Mailing Address:

831 NW 22ND TERRACE
GAINESVILLE, FL 32605

FEI Number: 20-5659521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIRALIPOUR, FRANKLIN C
831 NW 22ND TERRACE
GAINESVILLE, FL 32605 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	MGRM
Name	SHIRALIPOUR, FRANKLIN
Address	831 NW 22ND TERRACE
City-State-Zip:	GAINESVILLE FLORIDA FL 32605

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: FRANKLIN C. SHIRALIPOUR MANAGER 02/19/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date