

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083588

**Entity Name:** CYCLE-MEDIC LLC

**Current Principal Place of Business:**

2724 TIFFANY DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

2724 TIFFANY DRIVE  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 32-0329324

**Certificate of Status Desired:** No

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

SCHUTZ, JEFFREY  
2724 TIFFANY DRIVE  
NEW SMYRNA BEACH, FL 32168 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 SCHUTZ, JEFFREY  
Address 2724 TIFFANY DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** JEFFREY SCHUTZ

MGRM

04/16/2018

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

\_\_\_\_\_  
Date