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.

MANAGER

SIGNATURE: PAUL VERACKA

Electronic Signature of Signing Authorized Person(s) Detail

FORT MYERS, FL 33913 US

Electronic Signature of Registered Agent

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:

City-State-Zip:

Authorized Person(s) Detail : Title MANAGER Title MEMBER Name VERACKA, PAUL Name VERACKA, MICHAEL Address 3205 EAGLE CREST DRIVE NE Address 3205 EAGLE CREST DRIVE NE SUITE 105 SUITE 105 City-State-Zip: GRAND RAPIDS MI 49525 GRAND RAPIDS MI 49525 City-State-Zip: Title MEMBER Name VERACKA, PAUL Address 3205 EAGLE CREST DRIVE NE SUITE 105

# **Current Mailing Address:**

DOCUMENT# L11000145501

**Current Principal Place of Business:** 

3205 EAGLE CREST DRIVE NE GRAND RAPIDS, MI 49525 US

## Name and Address of Current Registered Agent:

Entity Name: THE MOTORCYCLE COMPANY, LLC

**SUITE 105** 

9501 THUNDER ROAD FORT MYERS, FL 33913

## FEI Number: 45-4186804

GRAND RAPIDS MI 49525

VERACKA, DAVID A 9501 THUNDER ROAD

#### FILED Dec 19, 2023 Secretary of State 8632884491CC

Date

Certificate of Status Desired: No

12/19/2023 Date