

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000004510

Entity Name: CYCLE LEASE, LLC

Current Principal Place of Business:

920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

PO BOX 427
NEW SMYRNA BEACH, FL 32168

FEI Number: 46-1722859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIROIS, HAYLEY K
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169 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 WELCH, NEAL J
Address 1018 CLAUDIA STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGRM
Name SIROIS, HAYLEY K
Address 1018 CLAUDIA STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGRM
Name WELCH, NEAL JJR
Address 832 E 11TH AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

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: HAYLEY K SIROIS

MGRM

01/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date