2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: TWISTED 27 MOTORCYCLE, LLC

Current Principal Place of Business:

930 ROBERTS RD UNIT #42
HAINES CITY, FL 33844

Current Mailing Address:

930 ROBERTS RD
UNIT 42
HAINES CITY, FL 33844 US

FEI Number: 46-2334059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APONTE, LUIS
930 ROBERTS RD UNIT #42
HAINES CITY, FL 33844 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	CO-OWNER	Title	MGR
Name	APONTE, LUIS R SR	Name	GONZALEZ, MELISSA MRS
Address	930 ROBERTS RD UNIT #42	Address	930 ROBERTS RD UNIT #42
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

Title	CO-OWNER
Name	ANTONIO, ALVARADO SR.
Address	930 ROBERTS RD UNIT #42
City-State-Zip:	HAINES CITY FL 33844

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: LUIS APONTE CO-OWNER 02/08/2017

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