

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000116301

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC0013322373**

**Entity Name:** THE GREAT ESCAPE MOTORCYCLE ADVENTURE TOURING  
LLC

**Current Principal Place of Business:**

602 STATESBURG ST  
THE VILLAGES, FL 32162

**Current Mailing Address:**

602 STATESBURG ST  
THE VILLAGES, FL 32162

**FEI Number:** 47-4505147

**Certificate of Status Desired:** No

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

HENDRICKSON, CARMON E  
602 STATESBURG ST  
THE VILLAGES, FL 32162 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	AMBR	Title	MANAGER
Name	PARKER, ALLAN	Name	HENDRICKSON, CARMON E.
Address	602 STATESBURG STREET	Address	602 STATESBURG ST
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162

*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:** CARMON E. HENDRICKSON

**MANAGER**

**02/16/2016**

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

\_\_\_\_\_  
Date