

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000172766

**Entity Name:** BEATBIKE INTERNATIONAL LLC

**Current Principal Place of Business:**

4700 MILLENIA BLVD.  
SUITE 400  
ORLANDO, FL 32839

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**0585766772CC**

**Current Mailing Address:**

4700 MILLENIA BLVD.  
SUITE 400  
ORLANDO, FL 32839 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NEUKAMM, MICHAEL  
301 EAST PINE STREET  
SUITE 1400  
ORLANDO, FL 32802 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           MANAGER  
Name           AVALLONE, THOMAS  
Address        4700 MILLENIA BLVD.  
                  SUITE 400  
City-State-Zip: ORLANDO FL 32839

Title           MANAGER  
Name           WHITED, ASHTON  
Address        4346 MAMMOTH AVE  
                  APT 10  
City-State-Zip: SHERMAN OAKS CA 91423

Title           MANAGER  
Name           WEAVER, KEVIN  
Address        4100 ALONZO AVE  
City-State-Zip: ENCINO CA 91316

*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: THOMAS AVALLONE**

**MANAGER**

**04/18/2019**

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

\_\_\_\_\_  
Date