

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000144271

Entity Name: MASTER BIKES LLC

Current Principal Place of Business:

5436 BAY LAGOON CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

5436 BAY LAGOON CIRCLE
ORLANDO, FL 32819

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAURIA DE OLIVEIRA, ROGERIO
5436 BAY LAGOON CIRCLE
ORLANDO, FL 32819 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
Name LAURIA DE OLIVEIRA, ROGERIO
Address 5436 BAY LAGOON CIRCLE
City-State-Zip: ORLANDO FL 32819

Title AMBR
Name RODRIGUES DA SILVA, FRANCINI
Address 5436 BAY LAGOON CIRCLE
City-State-Zip: ORLANDO FL 32819

Title MGR
Name LAURIA DE OLIVEIRA, GUILHERME
Address 5436 BAY LAGOON CIRCLE
City-State-Zip: ORLANDO FL 32819

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: ROGERIO LAURIA DE OLIVEIRA

AMBR

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date