

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000305757

**Entity Name:** PHAZE X BIKES LLC

**Current Principal Place of Business:**

5024 KINGSWOOD DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

5024 KINGSWOOD DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 JEFFREY, NIGEL K  
Address 5024 KINGSWOOD DRIVE  
City-State-Zip: LAKELAND FL 33813

Title AMBR  
Name JEFFREY, MYLENE B  
Address 5024 KINGSWOOD DRIVE  
City-State-Zip: LAKELAND FL 33813

Title AMBR  
Name STOKESBARY, ADAM  
Address 5024 KINGSWOOD DRIVE  
City-State-Zip: LAKELAND FL 33813

*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:** JEFFREY , NIGEL K

AMBR

06/29/2020

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

\_\_\_\_\_  
Date