

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005593

**Entity Name:** RIDE RIGHT TRANSIT, LLC

**Current Principal Place of Business:**

16 HAWK RIDGE DRIVE  
LAKE ST. LOUIS, MO 63367

**Current Mailing Address:**

16 HAWK RIDGE DRIVE  
LAKE ST. LOUIS, MO 63367

**FEI Number:** 26-3937729

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name MACIA, ALAINA  
Address 16 HAWK RIDGE DRIVE  
City-State-Zip: LAKE ST. LOUIS MO 63367

Title AUTHORIZED MEMBER  
Name RICHARDSON, GARY  
Address 16 HAWK RIDGE DRIVE  
City-State-Zip: LAKE ST LOUIS MO 63367

Title ASSISTANT MANAGER  
Name MCNIFF, PATRICK  
Address 16 HAWK RIDGE DRIVE  
City-State-Zip: LAKE ST. LOUIS MO 63367

Title TREASURER, ASST MANAGER  
Name KLAAS, STEPHANIE  
Address 16 HAWK RIDGE DRIVE  
City-State-Zip: LAKE ST. LOUIS MO 63367

*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:** ALAINA MACIA

**MANAGER**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date