

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000001857

Entity Name: FUN-WHEELS, LLC

FILED
Jun 05, 2009
Secretary of State

Current Principal Place of Business:

22 LAKE ELOISE LANE
WINTER HAVEN, FL 33884

New Principal Place of Business:

3100 DAVIS ROAD
MIMS, FL 32754

Current Mailing Address:

22 LAKE ELOISE LANE
WINTER HAVEN, FL 33884

New Mailing Address:

3100 DAVIS ROAD
MIMS, FL 32754

FEI Number: 59-3632237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLER, DANIEL O
22 LAKE ELOISE LANE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

REED, WAYNE E
3100 DAVIS ROAD
MIMS, FL 32754 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: WAYNE E REED

06/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOLLER, DANIEL O
Address: 22 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR () Delete
Name: KOLLER, AURELIE M
Address: 22 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REED, WAYNE E
Address: 3100 DAVIS ROAD
City-St-Zip: MIMS, FL 32754

Title: MGRM (X) Change () Addition
Name: REED, KIMBERLEE A
Address: 3100 DAVIS ROAD
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WAYNE E REED

MGRM

06/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date