2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/25/2

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-25-2004 90058 002 ****50.00

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06212004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000022368

1. Entity Name
THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, LLC

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
7300 Bird Road		7300 Bird Road	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33155	Country: USA	Zip: 33155	Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LESTER, PAUL A
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: Jose Siman STREET ADDRESS: 7300 Bird Road, Suite 200 CITY-ST-ZIP: Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jose Siman, Manager 305-264-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

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L03000022368

THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, LLC
7300 Bird Road, Suite 200
Miami, Florida 33155
Telephone: 305-264-8888
Fax: 305-264-9994

June 21, 2004

Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Gentlemen:

Please be advised that our office did not receive the annual report for The Ultimate Bicycle Distribution Company, LLC, or any other notification from the Secretary of State, as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of $50.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-264-8888.

Sincerely,

Jose Siman
Manager