

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90012 032 ****55.00

DOCUMENT # L03000031632

1. Entity Name
SUPERCIPS CUSTOM TUNING, LLC



Principal Place of Business

**134 BAYWOOD AVENUE
LONGWOOD, FL 32750**

Mailing Address

**134 BAYWOOD AVENUE
LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2424566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

4/6/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALES, PETER J
STREET ADDRESS	134 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGR
NAME	POSEA, DAVID G
STREET ADDRESS	134 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGR
NAME	WROBLEWSKI, GERALD J
STREET ADDRESS	134 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGR
NAME	JOHNSON, CHRISTOPHER W JR.
STREET ADDRESS	134 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGR
NAME	SHORT, MICHAEL P
STREET ADDRESS	134 BAYWOOD AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4/6/06

Daytime Phone #

407-774-2447