

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000006826

FILED
Oct 03, 2007
Secretary of State

Entity Name: SPECIALIZED MOTORCYCLES LLC

Current Principal Place of Business:

PO BOX 1182
FT LAUDERDALE, FL 33302

New Principal Place of Business:

633 S FEDERAL HWY , 8TH FLOOR
FLOOR 8
FORT LAUDERDALE, FL 33301

Current Mailing Address:

PO BOX 1182
FT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0604076 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

WILLIAM, SCHERER R
633 S FEDERAL HIGHWAY
FLOOR 8
FORT LAUDERDALE,, FL 33301 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: WILLIAM R. SCHERER, JR.

10/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHERER, WILLIAM R
Address: PO BOX 1182
City-St-Zip: FT LAUDERDALE, FL 33302

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHERER, WILLIAM R
Address: PO BOX 1182
City-St-Zip: FORT LAUDERDALE, FL 33302

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: WILLIAM R. SCHERER, JR.

MGR

10/03/2007

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