L04000014794
MOTOR SPORTS CAFE, LLC

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-12-2006 90336 002 ****50.00

1st MOORE CR2E083 (10/05)

Principal Place of Business	Mailing Address
301 SE 33RD STREET CAPE CORAL FL 33904 14651 N Cleveland Ave	301 SE 33RD STREET CAPE CORAL FL 33904
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. N Fort Myers FL	Suite, Apt. #, etc.
City & State 33903	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESICKO, FRANK 301 SE 33RD STREET CAPE CORAL FL 33904	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESICKO, FRANK 301 SE 33RD STREET CAPE CORAL FL 33904 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~Frank Lesicko~~ Motor Sports Cafe LLC 14651 N Cleveland Ave N Fort Myers FL 33903 ☒ 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 exemptions contained in Section 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] 6-5-06 239 464-5285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #