

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000050153

1. Entity Name

CUSTOM SPORTBIKE CONCEPTS, L.L.C.



Principal Place of Business

184 S. DILLARD ST
WINTER GARDEN FL 34787

Mailing Address

184 S. DILLARD ST
WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1339186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

ANGLADA, STEPHANE N
1019 W COLONIAL DR
ORLANDO FL 32804

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 re-instating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: ANGLADA, STEPHANE N
STREET ADDRESS: 1019 W COLONIAL DR
CITY-STATE-ZIP: ORLANDO FL 32804

TITLE: MGRM ☐ Delete
NAME: ANGLADA, BRENDA A
STREET ADDRESS: 1019 W COLONIAL DR
CITY-STATE-ZIP: ORLANDO FL 32804

TITLE: MGRM ☐ Delete
NAME: WINGERT, BARRY
STREET ADDRESS: 711 REGINA CIRCLE
CITY-STATE-ZIP: OAKLAND FL 34787

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 1100000684166
STREET ADDRESS: 04/06/07-80021-009 50.00
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

Date

Daytime Phone #

STEPHANE ANGLADA 3/24/07 407-654-5711