

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050885

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** GULF COAST CYCLE USA, LLC

**Current Principal Place of Business:**

28951 TRAILS EDGE BLVD.  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARK C. WOLCOTT  
1283 GRAND CANAL  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 20-1342237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WOLCOTT, MARK C  
**Address:** 1283 GRAND CANAL  
**City-St-Zip:** NAPLES, FL 34110

**Title:** MGRM  
**Name:** ZACHMANN, KATHLEEN  
**Address:** 1283 GRAND CANAL  
**City-St-Zip:** NAPLES, FL 34110

I hereby 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:** MARK WOLCOTT

MGRM

01/05/2010

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