

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076185

1. Entity Name
AMERICAN CUB CLASSICS, L.L.C.



Principal Place of Business
**1931 HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**1931 HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433**



03152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1755403

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REAMER, JOHN G JR.
1931 HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

**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)

3/15/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000671790
03/28/07-80042-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REAMER, JOHN G JR
1931 HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGM
FLATH, TODD R
1931 HIGHWAY 90 WEST
DEFUNIAK SPRINGS, FL 32433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

3/15/07 850-951-2822