

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076185

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN CUB CLASSICS, L.L.C.

**Current Principal Place of Business:**

1931 HIGHWAY 90 WWEST  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

15004 GLENDOWER DR  
LOUISVILLE, KY 40245

**New Mailing Address:**

**FEI Number:** 20-1755403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REAMER, JOHN G JR.  
1931 HIGHWAY 90 WEST  
DEFUNIAK SPRINGS, FL 32433 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:** REAMER, JOHN G JR  
**Address:** 1931 HIGHWAY 90 WEST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** MGM  
**Name:** FLATH, TODD R  
**Address:** 15004 GLENDOWER DR  
**City-St-Zip:** LOIUSVILLE, KY 40245

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:** JOHN G REAMER JR

MGR

04/09/2012

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