

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088556

Entity Name: PSYCHO CYCLES, LLC

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

3380 U S NO. 1,  
SUITES 4 & 5  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

3380 U S NO. 1,  
SUITES 4 & 5  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 20-1969615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOPPER, ALAN C  
114-A CORAL REEF COURT, NORTH  
PALM COAST, FL 32137 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: MGR ( ) Delete  
Name: HOPPER, ALAN C  
Address: 114-A CORAL REEF COURT, NORTH  
City-St-Zip: PALM COAST, FL 32137

Title: MGR ( ) Delete  
Name: BRUFF, PAUL D  
Address: 13 COLONY COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MGR (X) Delete  
Name: RONAN, PAUL J JR  
Address: 33 BLARE CASTLE DR  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALAN C. HOPPER

MGR.

01/08/2008

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