

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000017494

FILED  
Dec 05, 2008  
Secretary of State

**Entity Name:** TWO WHEELS PROPERTIES, LLC

**Current Principal Place of Business:**

5620 US HWY. #1  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

**Current Mailing Address:**

725 BAHIA MAR RD.  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 20-2688566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SIMPSON, EARL R  
725 BAHIA MAR RD.  
VERO BEACH, FL 32963 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: EARL R. SIMPSON

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, SCOTT F  
Address: 1925 ROBALO DR.  
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGR ( ) Delete  
Name: SIMPSON, EARL R  
Address: 725 BAHIA MAR RD.  
City-St-Zip: VERO BEACH, FL 32963 US

**ADDITIONS/CHANGES:**

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: EARL R. SIMPSON

PRES

12/05/2008

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