

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90013 045 ****50.00

DOCUMENT # L05000022978

1. Entity Name
CORE CYCLE DESIGNS, LLC



Principal Place of Business
16360 S.W. INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 US

Mailing Address
16360 S.W. INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 US

2. Principal Place of Business - No P.O. Box #

3046 JUPITER PARK CIR
Suite, Apt. #, etc.

3. Mailing Address

3046 JUPITER PARK CIR
Suite, Apt. #, etc.

City & State
JUPITER, FL

Zip
33458

Country
USA

City & State
JUPITER, FL

Zip
33458

Country
USA

08052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2837372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILEY, JOHN D
16360 S.W. INDIANWOOD CIRCLE
INDIANTOWN, FL 34956

7. Name and Address of New Registered Agent

Name
KILEY JOHN D
Street Address (P.O. Box Number is Not Acceptable)
3001 30TH CT

City
JUPITER FL Zip Code
33477

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)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KILEY, JOHN D
16360 S.W. INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DURAN, EARIN L
902 WOODHUE DRIVE
BATON ROUGE, LA 70810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KILEY JOHN D
3001 30TH CT
JUPITER, FL 33477 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

AUG 6 2007 561-222-6393