

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90207 015 ****50.00

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # L05000025246 | | | | | |
| 1. Entity Name PATRICK JAMES ECYCLE, LLC | | | | | |
| Principal Place of Business 11 BENTWOOD RD PALM BEACH GARDENS, FL 33418 | | | Mailing Address PO BOX 13854 FT PIERCE, FL 33979 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2552518 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCLUNG, MICHAEL M 11 BENTWOOD RD PALM BEACH GARDENS, FL 33418 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE </div> <div style="width: 40%;"> MICHAEL M. McCune MGR 12 MAR 07 </div> <div style="width: 30%;"> DATE </div> </div> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR NAME MCCLUNG, MICHAEL M STREET ADDRESS 11 BENTWOOD RD CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGR NAME MCCLUNG, LISA M STREET ADDRESS 11 BENTWOOD RD CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: | | | 12 MAR 07 (772) 216-1210 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |