

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 20, 2006  
Secretary of State**

DOCUMENT# L05000037853

Entity Name: CHARLOTTE CUSTOM CYCLES, LLC

**Current Principal Place of Business:**

2224 EL JOBEAN  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

2224 EL JOBEAN  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 20-3214123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROSS, WARREN R  
990 W. MARION AVENUE  
201  
PUNTA GORDA, FL 33950 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: WARREN ROSS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORRICELLI, ALBERT  
Address: 2224 EL JOBEAN  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM ( ) Delete  
Name: PINARD, ARMAND  
Address: 2224 EL JOBEAN  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PINARD, ARMAND  
Address: 2224 EL JOBEAN ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM (X) Change ( ) Addition  
Name: PINARD, IRENE  
Address: 2224 EL JOBEAN ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMAND PINARD

MGRM

11/20/2006

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