

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037853

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**Title:** MGRM  
**Name:** PINARD, IRENE  
**Address:** 2224 EL JOBEAN ROAD  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

I hereby 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:** IRENE C PINARD

MGRM

04/19/2011

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