


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90115 001 ***150.00

DOCUMENT # L05000039852 1. Entity Name KINETIC SPEED SHOP, LLC			
Principal Place of Business 96 WILLARD STREET SUITE 302 COCOA, FL 32922		Mailing Address 96 WILLARD STREET SUITE 302 COCOA, FL 32922	
2. Principal Place of Business 6000 Holiday Rd Suite, Apt. #, etc.		3. Mailing Address 6000 Holiday Rd. Suite, Apt. #, etc.	
City & State Buford, GA		City & State Buford, GA	
Zip 30518		Zip 30518	
Country USA		Country USA	
4. FEI Number 20-2825374		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESNICK, DAVID M 96 WILLARD STREET SUITE 302 COCOA, FL 32922		7. Name and Address of New Registered Agent Name David M. Presnick Street Address (P.O. Box Number is Not Acceptable) 96 Willard Street Ste 202 City Cocoa FL Zip Code 32922	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, RUSSELL M 28 SKYLINE ROAD SMITH'S PARISH, NA FL06	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000 HOLIDAY ROAD BUFORD GEORGIA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHSSON, NICLAS 3623 LOST OAK DRIVE BUFORD, GA 30519	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONSSON, NICLAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, NATHAN 362 HILLCREST DRIVE RENO, NV 89509	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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		7/17/06 (770 2711577) Date Daytime Phone #	

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