

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065418

FILED
Apr 19, 2008
Secretary of State

Entity Name: MOTORCYCLE EVENTS ASSOCIATION LLC

Current Principal Place of Business:

2993 TYRONE BLVD N
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

2993 TYRONE BLVD N
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 20-3114518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, SALLY A MNGR
2993 TYRONE BLVD
ST PETERSBURG, FL 33710 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: D () Delete
Name: RICHARDSON, RICHARD A OWNER
Address: 2993 TYRONE BLVD N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: P () Delete
Name: RICHARDSON, RICHARD OWNER
Address: 2993 TYRONE BLVD N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: S () Delete
Name: RICHARDSON, SALLY
Address: 2993 TYRONE BLVD N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RICHARDSON, SALLY OWNER
Address: 2993 TYRONE BLVD N
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify 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: SALLY A RICHARDSON

SEC

04/19/2008

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