

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085008

FILED
Apr 22, 2008
Secretary of State

Entity Name: GIRTHBIKES, LLC

Current Principal Place of Business:

6923 SUMMER HARBOR LN
RIVERVIEW, FL 33569 US

New Principal Place of Business:

6923 SUMMER HARBOR LN
RIVERVIEW, FL 33578 US

Current Mailing Address:

6923 SUMMER HARBOR LN
RIVERVIEW, FL 33569 US

New Mailing Address:

PO BOX 978
RIVERVIEW, FL 33568-978 US

FEI Number: 20-5453062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINNY ENTERPRISES, LLC
3122 FORESTGREEN DR. N.
LAKELAND, FL 33811 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: MGR () Delete
Name: TUCKER, CASEY L
Address: 6923 SUMMER HARBOR LN
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Delete
Name: TUCKER, LUCY M
Address: 6923 SUMMER HARBOR LN
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TUCKER, CASEY L
Address: 6923 SUMMER HARBOR LN
City-St-Zip: RIVERVIEW, FL 33578 US

Title: MGRM (X) Change () Addition
Name: TUCKER, LUCY M
Address: 6923 SUMMER HARBOR LN
City-St-Zip: RIVERVIEW, FL 33578 US

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: CASEY TUCKER

MGR

04/22/2008

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