

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085917

Entity Name: INFERNO CYCLES, LLC

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

13210 SW 7 PLACE  
DAVIE, FL 333253714 US

**New Principal Place of Business:**

**Current Mailing Address:**

34705 NASHUA BLVD.  
SORRENTO, FL 327768417 US

**New Mailing Address:**

FEI Number: 42-1714968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSENTHAL, JACQUELINE  
34705 NASHUA BLVD.  
SORRENTO, FL 327768417 US

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

SCHWARTZ, JACQUELINE  
34705 NASHUA BLVD.  
SORRENTO, FL 327768417 US

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: JACQUELINE SCHWARTZ

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSENTHAL, JACQUELINE  
Address: 34705 NASHUA BLVD  
City-St-Zip: SORRENTO, FL 327768417 US

Title: MGR ( ) Delete  
Name: ROSENTHAL, EDWARD B  
Address: 13210 SW 7 PLACE  
City-St-Zip: DAVIE, FL 333253714 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHWARTZ, JACQUELINE  
Address: 34705 NASHUA BLVD  
City-St-Zip: SORRENTO, FL 327768417 US

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

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: JACQUELINE SCHWARTZ

MGR

03/27/2009

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