

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90034 045 ****50.00

DOCUMENT # L06000096315 1. Entity Name INSANE CHAINS LLC																													
Principal Place of Business 2811 SOUTH NOVA RD BLDG C SOUTH DAYTONA, FL 32119			Mailing Address 518 VIRGINIA AVE PORT ORANGE, FL 32127																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country																											
4. FEI Number 20-5666804 Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent WETTLAUER, ERIC T 518 VIRGINIA AVE PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 reappointing) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WETTLAUER, ERIC T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>518 VIRGINIA AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ORANGE, FL 32127</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	NAME	WETTLAUER, ERIC T		STREET ADDRESS	518 VIRGINIA AVE		CITY - ST - ZIP	PORT ORANGE, FL 32127		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: 4/20/07 407-314-9325 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone #																													