

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-16-2008 90052 033 ***138.75

DOCUMENT # L06000097879 1. Entity Name FREE RIDE ENTERPRISES, LLC	
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Principal Place of Business 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474	Mailing Address 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5669881	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACKAY, DAVID L 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474	DO NOT WRITE IN THIS SPACE
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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: _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACKAY, DAVID L 2801 SW COLLEGE RD., STE 9 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACKAY, MARTHA M 5050 SW 80TH ST. OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *David Mackay* *Managing Member* *2/28/08* *702-237-3800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #