

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000101978

**FILED**  
**Jun 02, 2011**  
**Secretary of State**

**Entity Name:** RIDES LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

638 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

638 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 20-5659521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIRALIPOUR, FRANKLIN C  
831 NW 22ND TERRACE  
GAINESVILLE, FL 32605 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  
Name: MARVILLE, JASON M  
Address: 5812 SW 170TH STREET  
City-St-Zip: ARCHER, FL 32618

Title: MGRM  
Name: SHIRALIPOUR, FRANKLIN  
Address: 831 NW 22ND TERRACE  
City-St-Zip: GAINESVILLE FLORIDA, FL 32605

I hereby 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: FRANKLIN SHIRALIPOUR

MRGM

06/02/2011

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