

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112904

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: GONZO'S METRIC CYCLES LLC

**Current Principal Place of Business:**

6259 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

6259 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

6259 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

6259 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33472

FEI Number: 20-5789109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: CHARRON, PAUL M  
Address: 6259 WINDLASS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: CHARRON, PAUL M  
Address: 6259 WINDLASS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

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: PAUL M CHARRON

MGR

07/10/2008

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