

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000002641

FILED
Oct 22, 2009
Secretary of State**Entity Name:** AMPRIDE, LLC**Current Principal Place of Business:**926 SYLVIA DR
DELTONA, FL 32725**New Principal Place of Business:****Current Mailing Address:**926 SYLVIA DR
DELTONA, FL 32725**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MACFARLANE, TIMOTHY L
926 SYLVIA DR
DELTONA, FL 32725 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: MACFARLANE, TIMOTHY L
Address: 926 SYLVIA DR
City-St-Zip: DELTONA, FL 32725Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: MCGOUGH, DUSTIN J
Address: 1604 MONTICELLO ST
City-St-Zip: DELTONA, FL 32725 US

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: TIMOTHY L MACFARLANE

MGR

10/22/2009

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