

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056989

FILED
Aug 14, 2008
Secretary of State

Entity Name: CYCLE OPS, LLC.

Current Principal Place of Business:

1030 N. SINGLETON AVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

2219 GARDEN ST
TITUSVILLE, FL 32796 US

Current Mailing Address:

1030 N. SINGLETON AVE
TITUSVILLE, FL 32796 US

New Mailing Address:

2839 DUTTON DR
TITUSVILLE, FL 32796 US

FEI Number: 26-0270373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ERICKSEN, JENNIFER
1030 N. SINGLETON AVE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

ERICKSEN, JENNIFER
2839 DUTTON DR
TITUSVILLE, FL 32796 US

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: JENNIFER L ERICKSEN

08/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ERICKSEN, JENNIFER
Address: 1030 N. SINGLETON AVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM () Delete
Name: ERICKSEN, L. THOMAS
Address: 1030 N. SINGLETON AVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM () Delete
Name: HAMILTON, Nanci
Address: 2700 STARLIGHT DR.
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM () Delete
Name: HAMILTON, RYAN
Address: 2700 STARLIGHT DR.
City-St-Zip: TITUSVILLE, FL 32796 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ERICKSEN, JENNIFER
Address: 2839 DUTTON DR
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM (X) Change () Addition
Name: ERICKSEN, L. THOMAS
Address: 2839 DUTTON DR
City-St-Zip: TITUSVILLE, FL 32796 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER L ERICKSEN

MGRM

08/14/2008

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