

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071577

FILED
Mar 22, 2008
Secretary of State

Entity Name: HOTCHOPS CUSTOM CYCLES LLC

Current Principal Place of Business:

825 61ST AVE. N.E.
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

825 61ST AVE. N.E.
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 25-0534440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MGRM () Delete
Name: ALVEY, CHARLES R
Address: 825 61ST AV. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: MGRM () Delete
Name: SCHOONOVER, FRANK K
Address: 825 61ST AV. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: MGRM () Delete
Name: SCHOONOVER, COLIN D
Address: 825 61ST AV. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

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

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: CHARLES R ALVEY

MGRM

03/22/2008

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