

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000093542

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** BACKYARD CHOPPERS MOTORCYCLE COMPANY L.L.C.

**Current Principal Place of Business:**

3430 W DUNNELLO RD  
DUNNELLO, FL 34433

**New Principal Place of Business:**

5304 S. US HYWY 41  
DUNNELLO, FL 34432

**Current Mailing Address:**

3430 W DUNNELLO RD  
DUNNELLO, FL 34433

**New Mailing Address:**

5304 S. US HYWY 41  
DUNNELLO, FL 34432

**FEI Number:** 11-3780131      **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:**

BERMAN, RICHARD E ESQ.  
2101 W COMMERCIAL BLVD, STE 2800  
FT LAUDERDALE, FL 33309      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: RICHARD E. BERMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MOTCHKAVITS, MIKE  
Address: 8828 N PARASISEE DR  
City-St-Zip: CITRUS SPRINGS, FL 34433

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MOTCHKAVITS, MIKE  
Address: 5304 S. US HYWY 41  
City-St-Zip: DUNNELLO, FL 34432

Title: MGRM      ( ) Change      (X) Addition  
Name: MOTCHKAVITS, MIKE  
Address: 20190 SW 83 PL  
City-St-Zip: DUNNELLO, FL 34431

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: MIKE MOTCHKAVITZ

MGRM

10/16/2009

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