

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109346

Entity Name: JUST RIDE INSURANCE LLC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

816 EXECUTIVE DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**  
816 EXECUTIVE DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 74-3238827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TBS BUSINESS SERVICES  
226 SHADY OAKS CIRCLE  
LAKE MARY, FL 32746 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: ATKINS, JOHN E  
Address: 2521 KILDARE DRIVE  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES:**

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: JOHN E ATKINS

MGRM

03/19/2009

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