

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067429

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: GASBUSTERS SCOOTERS & TRIKES LLC

**Current Principal Place of Business:**

624 N.ORANGE AVE  
DELAND, FL 32720

**New Principal Place of Business:**

624 N.ORANGE AV  
DELAND, FL 32720

**Current Mailing Address:**

624 N.ORANGE AVE  
DELAND, FL 32720

**New Mailing Address:**

624 N.ORANGE AV  
DELAND, FL 32720

FEI Number: 26-3002285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STALLARD, RANDALL W  
624 N.ORANGE AVE.  
DELAND, FL 32720 US

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

STALLARD, RANDY W MEMBER  
624 N.ORANGE AV  
DELAND, FL 32720 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: RANDY STALLARD

03/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STALLARD, RANDALL W  
Address: 624 N.ORANGE AVE.  
City-St-Zip: DELAND, FL 32720

Title: MGRM ( ) Delete  
Name: ROY, KEVIN R  
Address: 1504 MAJESTIC OAK DRIVE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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: RANDY STALLARD

MGMA

03/22/2009

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