

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074763

**FILED**  
**Jul 01, 2010**  
**Secretary of State**

**Entity Name:** THOROUGHBRED CUSTOM CYCLES, LLC

**Current Principal Place of Business:**

4738 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4738 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 26-3114140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SQUILLANTE, STEVEN  
4738 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 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  
**Name:** SQUILLANTE, STEVEN  
**Address:** 5654 FIELDSPRING AVENUE  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

**Title:** MGRM  
**Name:** ECKSTEIN, BLAKE M  
**Address:** 2386 NAVAREZ AVENUE  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** MGR  
**Name:** ECKSTEIN, MICHAEL C  
**Address:** 3325 BEDFORD STREET  
**City-St-Zip:** HOLIDAY, FL 34690

I hereby 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:** STEVEN SQUILLANTE

MGR

07/01/2010

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