

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102681

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** BUSTED KNUCKLES MOTORCYCLE GARAGE LLC

**Current Principal Place of Business:**

1063 AURORA RD  
#7  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

741 DELANO AVE NW  
PALM BAY, FL 32907 US

**New Mailing Address:**

FEI Number: 26-3664079      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:**

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

STECKLER, BERTRAM E  
21 TREASURE CIRCLE  
SEBASTIAN, FL 32958 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STECKLER, ROBERT J  
Address: 741 DELANO AVE NW  
City-St-Zip: PALM BAY, FL 32907 US

Title: MGR ( ) Delete  
Name: CARRILLO, DANIEL L  
Address: 1851 ZAMINDER ST NW  
City-St-Zip: PALM BAY, US 32907 US

**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: BERTRAM E. STECKLER

MGR

07/07/2009

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