

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043880

Entity Name: GOOD RIDE LIFE, LLC

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

505 SE 1ST AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

505 SE 1ST AVENUE  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 26-4812670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KING, DONNA  
1269 CR 309  
CRESCENT CITY, FL 32112 US

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

CASPER, HANNAH M  
12965 W HWY 326  
OCALA, FL 34482 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: HANNAH M CASPER

03/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KING, DONNA M  
Address: 1269 CR 309  
City-St-Zip: CRESCENT CITY, FL 32112

Title: MGRM  
Name: CASPER, HANNAH M  
Address: 12965 W HWY 326  
City-St-Zip: OCALA, FL 34482

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: HANNAH M CASPER

MGRM

03/01/2012

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