

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jun 27, 2012  
Secretary of State**

DOCUMENT# L09000043880

Entity Name: GOOD RIDE LIFE, LLC

**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:**

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

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

CASPER, HANNAH M  
505 SE 1ST AVENUE  
OCALA, FL 34471      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

06/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NEIBERGER, TODD  
Address: 8404 S COUNTY RD 3  
City-St-Zip: FT COLLINS, TX 80528 US

Title: MGRM  
Name: CASPER, HANNAH M  
Address: 505 SE 1ST AVENUE  
City-St-Zip: Ocala, FL 34471 US

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

06/27/2012

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