

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017435

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED CYCLE FITTERS, LLC

**Current Principal Place of Business:**

767 WILLIAMS AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

92 SPRING GLEN CT.  
DEBARY, FL 32713

**Current Mailing Address:**

767 WILLIAMS AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

92 SPRING GLEN CT.  
DEBARY, FL 32713

**FEI Number:** 27-1926635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARKER, CHARLES M  
767 WILLIAMS AVENUE  
ORANGE CITY, FL 32763 US

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

BARKER, CHARLES M  
92 SPRING GLEN CT.  
DEBARY, FL 32713 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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARKER, CHARLES M  
Address: 767 WILLIAMS AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

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: CHARLEY BARKER

MGRM

02/16/2011

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