

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110308

Entity Name: BAD BIKER BABE LLC.

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16115 IVY LAKE DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

20721 AUBURN LEAF TRAIL  
LAND O LAKES, FL 34638

**Current Mailing Address:**

16115 IVY LAKE DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

20721 AUBURN LEAF TRAIL  
LAND O LAKES, FL 34638

FEI Number: 90-0624515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUGG, CATHERINE L  
16115 IVY LAKE DRIVE  
ODESSA, FL 33556 US

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

SUGG, CATHERINE L  
20721 AUBURN LEAF TRAIL  
LAND O LAKES, FL 34638 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: CATHERINE L SUGG

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS.  
Name: SUGG, CATHERINE L  
Address: 20721 AUBURN LEAF TRAIL  
City-St-Zip: LAND O LAKES, FL 34638

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: CATHERINE L SUGG

OWNE

01/04/2012

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