

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000106539

Entity Name: SICK RIDE LLC

**FILED**  
**Nov 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6355 NAPLES BLVD  
#5  
NAPLES, FL 34109

**New Principal Place of Business:**

6245 JANES LANE  
A  
NAPLES, FL 34109

**Current Mailing Address:**

6355 NAPLES BLVD  
#5  
NAPLES, FL 34109

**New Mailing Address:**

6245 JANES LANE  
A  
NAPLES, FL 34109

FEI Number: 45-3635518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LELI, RICHARD II  
6355 NAPLES BLVD  
#5  
NAPLES, FL 34109 US

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

LELI, RICHARD II  
6245 JANES LANE  
A  
NAPLES, FL 34109 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: RICHARD LELI II

11/02/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LELI, RICHARD II  
Address: 6245 JANES LANE A  
City-St-Zip: NAPLES, FL 34109

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: RICHARD LELI II

MGRM

11/02/2013

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