DOCUMENT # L9900007284											
1. Entity Name LET IT RIDE, L.C.						· · · · · ·					Ş
LEINKI	DE, L.C.							FILE)		
Principal Place of Business Mailing Address											
C/O BROOKSIDE REALTY C/O BROOKSIDE REALTY					,	01 MAR 29 AM 8: 34					
288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY RI DELRAY BEACH FL 33446 DELRAY BEACH FL 334						SECRETARY OF STATE					
DELINAT DEAC	// / L 30710	DEGINT DENOTITE COTTO		-						 	
	Place of Business	3. Mailing Address			01				I III I II I	COLLI DIALIBAT	
19950 \(\text{O}\) Suite, Apt.	mith Sundy Rd.	14450 Smith Sundy Rd. Suite, Apt. #, etc.			<u>κα.</u>	DO NOT WRITE IN THIS SPACE					
		· ·									_
City & Stat	e	City & State				4. FEI Numb	65-0959445		<u> </u>	oplied For ot Applicable	1
Zip	Country	Zip	Coun	try .		5. Certificate	e of Status Desired	_ 🗆	\$5.00 Add		1
	6. Name and Address of Current F	Registered Agent		• •			d Address of New F		Fee Require Agent	d	}
MOMBACH, GEOFFREY S ESQ.				Street Address (P.O. Box Number is Not Acceptable)						········	
MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950						•					1
FORT LAUDERDALE FL 33394				City			FL Zip Code				1
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	r registered	agent, or bo	oth, in the State of Flo	orida.			1
	·							,		-	ľ
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable (NOTE	: Registered	d Agent signat	ture required whe	en reinstating)		DATE			
		FILE NO	wiii	FEE IS S	S50 00	.	300003	989	6698		
			ment of S	1	-04/1	1/01(01009	-015			
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS	K50.00		50.00	
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name Street address	WOLF, STEVE		NAM	ET ADDRESS	IUUSI	1 Smit	n Sundy,	ed .			(00/11) 680
CITY-ST-ZIP	288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446			-ST-ZIP	77730	J Charle	n Carlay i				E08
TITLE	MGRM	☐ Detete	TITLE						Change	☐ Addition	CRZE
NAME STREET ADDRESS	WOLF, ERIC		NAMI STRE	ET ADDRESS		¥					
CITY-ST-ZIP	288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446			ST-ZIP	_						
TITLE	MGRM	☐ Defete	TITLE NAMI						☐ Change	Addition	
NAME STREET ADDRESS	Siemens, Richard 4800 North Federal Highway	SUITE 202F		ET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33431	·	CITY	ST-ZIP							-
TITLE NAME		☐ Delete	TITLE						Change	☐ Addition	
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CITY-ST-ZIP `	1		CITY-	ST-ZIP							
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CITY-ST-ZIP	maif, shout the information of the transfer	ship Clina deservative 197		ST-ZIP	4-4:-0 ::	440.07(0)	(i) Flacida Division	L41	ate . at - a ct - c	.f	
indicated	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or buster.	tries tiling does not qualify for hat my signature shall have t empowered to execute this s	ine exer he same eport as	ription state legal effe required b	ted in Section teacher in the Chapter in the Chapte	on +19.07(3) le under oath 608: Florida	(i), Fiorida Statutes. n; that I am a manaç Statutes	i further cer jing membe	ury that the ir or manage	r of the	
indicated on this report is true and accurate and that my 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 eccivier or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	URE: Allwill	Die ABOUL		Ste	re li	Def	3/20/01	(561)	498-57	(07)	
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED	REPRESENTA	TIVE	Date	C - %	aytime Phone #		