

2001 UNIFORM BUSINESS REPORT (UBR)

0032489 SP

DOCUMENT # L99000007284

1. Entity Name
LET IT RIDE, L.C.

Principal Place of Business
C/O BROOKSIDE REALTY
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address
C/O BROOKSIDE REALTY
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business
14450 Smith Sundry Rd.
Suite, Apt. #, etc.

3. Mailing Address
14450 Smith Sundry Rd.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOMBACH, GEOFFREY S ESQ.
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE FL 33394

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003985698--6
-04/11/01--01009--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM WOLF, STEVE ☐ Delete
STREET ADDRESS 288-Z SMITH SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 14450 Smith Sundry Rd.
CITY-ST-ZIP

TITLE NAME MGRM WOLF, ERIC ☐ Delete
STREET ADDRESS 288-Z SMITH SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM SIEMENS, RICHARD ☐ Delete
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY, SUITE 202E
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE