

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #M95000000069**

CYCLO INDUSTRIES, LLC, L.C.
10190 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410-4881

1a. Principal Place of Business Address

2040 TOLEDO ROAD
ELKHART IN 46516

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

03/27/1995

IN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

35-1945374

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

05/01/1996

☒ \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, etc.

City

FL

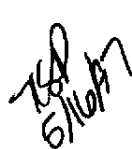
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SHAH, SATISH	2040 TOLEDO ROAD	ELKHART IN
			100002183971--6 -05/19/97--01187--001 ****212.50 ****212.50
			

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/1/97

521-775-9600