

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90142 022 ****55.00

DOCUMENT # M95000000069

1. Entity Name
CYCLO INDUSTRIES, LLC, L.C.



Principal Place of Business

401 MAPLEWOOD DRIVE
SUITE 18
JUPITER, FL 33458

Mailing Address

401 MAPLEWOOD DRIVE
SUITE 18
JUPITER, FL 33458

20009079



02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1945374

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A
4440 PGA BLVD., STE 402
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE *Chairman*
NAME PESIN, LAWRENCE
STREET ADDRESS 401 MAPLEWOOD DRIVE, STE 18
CITY-ST-ZIP JUPITER, FL 33458

TITLE CEO
NAME FLEISHMAN, EUGENE
STREET ADDRESS 401 MAPLEWOOD DRIVE, STE 18
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lawrence Pesin*

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

LAWRENCE PESIN

2/13/06

Date

Daytime Phone #

561-775-9600