

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131741

**Entity Name:** YELVINGTON TRIKES LLC**Current Principal Place of Business:**6950 BRYAN DAIRY RD SUITE A  
SEMINOLE, FL 33777**Current Mailing Address:**6950 BRYAN DAIRY RD SUITE A  
SEMINOLE, FL 33777 US**FEI Number:** 45-3858564**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAVERY, JOHN  
9923 RIVER DR  
GIBSONTON, FL 33534 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:** JOHN LAVERY

03/31/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER  
Name LAVERY, JOHN V  
Address 6950 BRYAN DAIRY RD SUITE A  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR, TREASURER, AUTHORIZED MEMBER  
Name MOSK, MATTHEW  
Address 6950 BRYAN DAIRY RD SUITE A  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR, SECRETARY  
Name YELVINGTON, RICHARD  
Address 6950 BRYAN DAIRY RD SUITE A  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER  
Name JACOBSON, NOAH  
Address 6950 BRYAN DAIRY RD SUITE A  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER  
Name ALEX, MICHAEL ALEXIS  
Address 6950 BRYAN DAIRY RD SUITE A  
City-State-Zip: SEMINOLE FL 33777

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN V. LAVERY

MANAGER

03/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date