

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131741

Entity Name: YELVINGTON TRIKES LLC**Current Principal Place of Business:**6399 142ND AVENUE NORTH, SUITE 102
SEMINOLE, FL 33760**Current Mailing Address:**6399 142ND AVENUE NORTH, SUITE 102
SEMINOLE, FL 33760 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

02/21/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER
Name LAVERY, JOHN V
Address 6399 142ND AVENUE NORTH, SUITE 102
City-State-Zip: SEMINOLE FL 33760

Title DIRECTOR, SECRETARY
Name YELVINGTON, RICHARD
Address 6399 142ND AVENUE NORTH, SUITE 102
City-State-Zip: SEMINOLE FL 33760

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER
Name ALEX, MICHAEL ALEXIS
Address 6399 142ND AVENUE NORTH, SUITE 102
City-State-Zip: SEMINOLE FL 33760

Title DIRECTOR, TREASURER, AUTHORIZED MEMBER
Name MOSK, MATTHEW
Address 6399 142ND AVENUE NORTH, SUITE 102
City-State-Zip: SEMINOLE FL 33760

Title DIRECTOR, MANAGER, AUTHORIZED MEMBER
Name JACOBSON, NOAH
Address 6399 142ND AVENUE NORTH, SUITE 102
City-State-Zip: SEMINOLE FL 33760

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: NOAH JACOBSON

DIRECTOR/MANAGER

02/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date