

2016 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

03/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title 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 MANAGER, AUTHORIZED MEMBER
Name JACOBSON, NOAH
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 LAVERY

MEMBER MANAGER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date