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: GEOVANY COLON

Electronic Signature of Signing Authorized Person(s) Detail

2094SW HAYWORTH AVE PORT ST LUCIE. FL 34953 US FEI Number: 45-3188476

### Name and Address of Current Registered Agent:

COLON, GEOVANY 2094 SW HAYWORTH AVE PORT ST LUCIE, FL 34953 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:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	COLON, GEOVANY	Name	GONZALEZ COLON, YELISMAR
Address	2094 SW HAYWORTH AVE	Address	2094 SW HAYWORTH AVE.
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

iu Auuress or	Current Negistered	Ayent.

2094SW HAYWORTH AVE PORT ST LUCIE, FL 34953

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L12000038933

### Entity Name: ADRENALINE MOTORSPORTS OF PORT ST LUCIE LLC

# **Current Principal Place of Business:**

#### **Current Mailing Address:**

Certificate of Status Desired: Yes

04/25/2017 MGR

Date

Date

### FILED Apr 25, 2017 Secretary of State CC1414766867