# that my name appears above, or on an attachment with all other like empowered. 06/10/2014

SIGNATURE: GEOVANY COLON

Electronic Signature of Signing Authorized Person(s) Detail

## PORT ST LUCIE. FL 34953 US FEI Number: 45-3188476

### Name and Address of Current Registered Agent:

COLON, GEOVANY 2098 SW HAYWORTH AVE PORT ST LUCIE, FL 34953 US

DOCUMENT# L12000038933

2098SW HAYWORTH AVE PORT ST LUCIE. FL 34953

**Current Mailing Address:** 2098SW HAYWORTH AVE

**Current Principal Place of Business:** 

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

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ADRENALINE MOTORSPORTS OF PORT ST LUCIE LLC

### Authorized Person(s) Detail :

Title	MGR
Name	COLON, GEOVANY
Address	2098 SW HAYWORTH AVE
City-State-Zip:	PORT ST LUCIE FL 34953

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

MANAGER

Certificate of Status Desired: No

FILED Jun 10, 2014 Secretary of State CC6249015313

Date

Date