

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000092380

**Entity Name:** ROB'S RADICAL RIDES, LLC

**Current Principal Place of Business:**

668 DELMAR TERRACE S.  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

668 DELMAR TERRACE S.  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 46-0559273

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASSERINI, ROBERT  
668 DELMAR TERRACE S.  
ST. PETERSBURG, FL 33701 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MASSERINI, ROBERT PHD  
Address 668 DELMAR TERRACE S.  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name MASSERINI, ANGELA  
Address 668 DELMAR TERRACE S.  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** ROBERT T. MASSERINI JR

**MANAGER**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date