

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111845

**Entity Name:** FLORIDA BIKE TOURS LLC

**Current Principal Place of Business:**

904 WEST RIVER DR  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

904 WEST RIVER DR  
TEMPLE TERRACE, FL 33617

**FEI Number:** 46-3364478

**Certificate of Status Desired:** No

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

COLLIGNON, JEFFREY B  
904 WEST RIVER DR  
TEMPLE TERRACE, FL 33617 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	Title	COO
Name	COLLIGNON, JEFFREY B	Name	COLLIGNON, VALERIE A
Address	904 WEST RIVER DR	Address	904 WEST RIVER DR
City-State-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TEMPLE TERRACE FL 33617

*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:** JEFFREY B COLLIGNON

MGR

02/13/2015

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

\_\_\_\_\_  
Date