

2014 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
Name COLLIGNON, JEFFREY B
Address 904 WEST RIVER DR
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

OWNER/MGR

02/20/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date