

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000192006

**Entity Name:** MASTER'S CYCLE WORKS, LLC

**Current Principal Place of Business:**

1800 NW 15TH AVE.  
STE. 105, BAY 14  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1800 NW 15TH AVE.  
STE. 105, BAY 14  
POMPANO BEACH, FL 33069 US

**FEI Number:** 46-3938703

**Certificate of Status Desired:** Yes

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

SCHOENGRUND, MICHAEL C MR.  
1800 NW 15TH AVE.  
STE. 105, BAY 14  
POMPANO BEACH, FL 33063 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            PRES  
Name            SCHOENGRUND, MICHAEL C  
Address        164 NW 80TH TERRACE  
City-State-Zip: MARGATE FL 33063

Title            VP  
Name            SCHOENGRUND, HEATHER A  
Address        164 NW 80TH TERRACE  
City-State-Zip: MARGATE FL 33063

*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:** MICHAEL SCHOENGRUND

**OWNER**

**03/06/2017**

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

\_\_\_\_\_  
Date