#### 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: MELANIE JACKMAN **OWNER MANAGER**

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

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: JACKMAN CUSTOM CYCLES LLC **Current Principal Place of Business:** 

1230 N. US 1 14 ORMOND BEACH,, FL 32174

DOCUMENT# L18000051279

# **Current Mailing Address:**

1230 N. US 1 14 ORMOND BEACH,, FL 32174

# FEI Number: 82-4640977

# Name and Address of Current Registered Agent:

JACKMAN, MELANIE G 733 SEA DUCK DR DAYTONA BEACH, FL 32119 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:

#### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	JACKMAN, MELANIE G	Name	JACKMAN, GERALD E
Address	733 SEA DUCK DR	Address	733 SEA DUCK DR
City-State-Zip:	DAYTONA BEACH FL 32119	City-State-Zip:	DAYTONA BEACH FL 32119

Electronic Signature of Registered Agent

#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Jan 28, 2020

Secretary of State 7798975937CC

Certificate of Status Desired: No

01/28/2020

Date

Date