


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 024 ****50.00

DOCUMENT # L03000027857		
1. Entity Name 2-B'S, LLC		

Principal Place of Business 239 TAMiami TRAIL S NOKOMIS FL 34275	Mailing Address P.O. BOX 65 LAUREL FL 34272-0065
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2. Principal Place of Business - No P.O. Box # 3882 CENTRAL SARASOTA PKWY.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/07)

City & State SARASOTA, FL	City & State LAUREL, FL	4. FEI Number 20-0127645	Applied For <input type="checkbox"/> Not Applicable
Zip 34238	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROCK, NICOLETTE 305 BROWN ROAD LAUREL FL 34272		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLZIN, APRIL		NAME	
STREET ADDRESS 356 WINFIELD WAY		STREET ADDRESS	
CITY-ST-ZIP NOKOMIS FL 34275		CITY-ST-ZIP	
TITLE MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICOLETTE BROCK		NAME	
STREET ADDRESS PO BOX 124		STREET ADDRESS	
CITY-ST-ZIP LAUREL, FL 34272		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **NICOLETTE BROCK** 07/16/07 941-918-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE