


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L03000042843**

1. Entity Name  
**TWO B'S WITH TWO A'S, LLC**



Principal Place of Business <b>213 THE ESPLANADE SOUTH          VENICE, FL 34285 US</b>	Mailing Address <b>213 THE ESPLANADE SOUTH          VENICE, FL 34285 US</b>
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**DO NOT WRITE IN THIS SPACE**



01142007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0375695</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PACHOTA, MICHAEL V  
 213 THE ESPLANADE SOUTH  
 VENICE, FL 34285**

**DO NOT WRITE IN THIS SPACE**

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: *Michael V Pachota*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

U000000630261  
 02/19/07-80034-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLIC, PAM 636 APALACHICOLA ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACHOTA, MICHAEL 213 THE ESPLANADE SOUTH VENICE, FL 34285
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**DO NOT WRITE IN THIS SPACE**

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: *Michael V Pachota*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

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