

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011560

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: THE 2'S ENTERPRISES, LLC.

## Current Principal Place of Business:

1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
D  
TAMPA, FL 33629

## New Principal Place of Business:

3217 S MACDILL AVENUE  
B  
TAMPA, FL 33629

## Current Mailing Address:

1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
D  
TAMPA, FL 33629

## New Mailing Address:

3217 S MACDILL AVENUE  
B  
TAMPA, FL 33629

FEI Number: 26-2727483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTAGUE, SCOTT  
1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
D  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MONTAGUE, SCOTT  
Address: 1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: MONTAGUE BARRY, MICHELLE  
Address: 1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: BARICCHI, LUCA  
Address: 1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: BARICCHI BARRY, LORIANE  
Address: 1402 MONTE CARLO TOWERS, 3301 BAYSHORE BLV  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SCOTT MONTAGUE

MR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date