

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90065 011 \*\*\*\*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



01242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0127645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BROCK, NICOLETTE  
305 BROWN ROAD  
LAUREL, FL 34272

**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

*Nicolete Brock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<del>MGR</del>
NAME	<del>POLZIN, APRIL</del> N/A
STREET ADDRESS	<del>356 WINFIELD WAY</del>
CITY - ST - ZIP	<del>NOKOMIS, FL 34275</del>
TITLE	<del>OWNER</del>
NAME	<del>NICOLETTE BROCK</del>
STREET ADDRESS	<del>305 BROWNS RD</del>
CITY - ST - ZIP	<del>LAUREL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

*Nicolete Brock*

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

4/11/06

Date

741-483-1100

Daytime Phone #