


# 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
2. Principal Place of Business - No P.O. Box # 3882 CENTRAL SARASOTA PKWY. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL	City & State !	
Zip 34238	Country USA	4. FEI Number 20-0127645
6. Name and Address of Current Registered Agent BROCK, NICOLETTE 305 BROWN ROAD LAUREL FL 34272		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROCK, NICOLETTE 305 BROWN ROAD LAUREL FL 34272		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME POLZIN, APRIL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 356 WINFIELD WAY	CITY-ST-ZIP NOKOMIS FL 34275	NAME	
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLETTE BROCK	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 124	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LAUREL, FL 34272	NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	

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