

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027857

FILED
Jan 08, 2008
Secretary of State

Entity Name: 2-B'S, LLC

Current Principal Place of Business:

3882 CENTRAL SARASOTA PKWY
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65
LAUREL, FL 342720065

New Mailing Address:

FEI Number: 20-0127645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROCK, NICOLETTE
305 BROWN ROAD
LAUREL, FL 34272 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: MGR () Delete
Name: POLZIN, APRIL
Address: 356 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM (X) Delete
Name: BROCK, NICOLETTE
Address: PO BOX 124
City-St-Zip: LAUREL, FL 34272

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROCK, NICOLETTE
Address: 305 BROWNS ROAD
City-St-Zip: LAUREL, FL 34272

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: NICOLETTE BROCK

MGRM

01/08/2008

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