

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027857

Entity Name: 2-B'S, LLC

FILED  
Jan 08, 2008  
Secretary of State

**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