

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016253

Entity Name: 2M NETWORKING, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

2481 CRAWFORDVILLE HIGHWAY  
UNIT #5  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

2481 CRAWFORDVILLE HIGHWAY  
UNIT #5  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 33-1153219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULVANEY, ROBERT R  
2481 CRAWFORDVILLE HIGHWAY  
UNIT #5  
CRAWFORDVILLE, FL, FL 32327 US

**Name and Address of New Registered Agent:**

MULVANEY, ROBERT R  
2481 CRAWFORDVILLE HIGHWAY  
UNIT #5  
CRAWFORDVILLE, FL 32327 US

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: ROBERT MULVANEY

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: MULVANEY, ROBERT M  
Address: 2481 CRAWFORDVILLE HIGHWAY UNIT #5  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete  
Name: MCELROY, CHARLES V  
Address: 2481 CRAWFORDVILLE HIGHWAY UNIT #5  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

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: ROBERT MULVANEY

PRES

01/15/2009

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