

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009664

Entity Name: ACCESSTWO, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1507 CARILLON PARK DRIVE
OVIEDO, FL 32762

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621273
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-3741926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITCOMB, CARRIE MORGAN
1507 CARILLON PARK DRIVE
OVIEDO, FL 32762 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: PRES () Delete
Name: WHITCOMB, CARRIE MORGAN
Address: 1507 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32762

Title: VP () Delete
Name: PARKER, SARAH A 1ST VP
Address: 1507 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: PARKER, ZACHARY M 2ND VP
Address: 1507 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARRIE M. WHITCOMB

PRES

04/27/2009

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