

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000023014

1. Entity Name
TEAM TWO THOUSAND MILLENNIUM MARKETING, LLC



Principal Place of Business
**11438 28TH ST. CIR. EAST
PARRISH, FL 34219 US**

Mailing Address
**11438 28TH ST. CIR. EAST
PARRISH, FL 34219**



02152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2071659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JUSTIN, WILLIAM L
11438 28TH ST. CIRCLE EAST
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JUSTIN, WILLIAM L
STREET ADDRESS	11438 28TH ST. CIRCLE EAST
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	MGRM
NAME	ZATEMPOWSKI, PAUL
STREET ADDRESS	9524 KELBER DRIVE
CITY-ST-ZIP	CLARENCE CENTER, NY 14032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000641159
02/28/07-80095-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/07 947-776-3648

Daytime Phone #