

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034813

FILED
Feb 09, 2009
Secretary of State

Entity Name: TWO LOOSE CANNONS, LLC

Current Principal Place of Business:

1894 OSPREY BLUFF BLVD.
ORANGE PARK, FL 32003

New Principal Place of Business:

1894 OSPREY BLUFF BLVD.
FLEMING ISLAND, FL 32003

Current Mailing Address:

1894 OSPREY BLUFF BLVD.
ORANGE PARK, FL 32003

New Mailing Address:

1894 OSPREY BLUFF BLVD.
FLEMING ISLAND, FL 32003

FEI Number: 20-0284842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIOSA, DOUGLAS R
1894 OSPREY BLUFF BLVD.
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

AIOSA, DOUGLAS R
1894 OSPREY BLUFF BLVD.
FLEMING ISLAND, FL 32003 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:

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LESSIG, MARGARET A
Address: 5917 ORCHARD POND DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: LESSIG, JON
Address: 5917 ORCHARD POND DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: AIOSA, LORI S
Address: 1894 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: AIOSA, DOUGLAS R
Address: 1894 OSPREY BLUFF BLVD
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LESSIG, MARGARET A
Address: 5917 ORCHARD POND DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR (X) Change () Addition
Name: LESSIG, JON
Address: 5917 ORCHARD POND DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR (X) Change () Addition
Name: AIOSA, LORI S
Address: 1894 OSPREY BLUFF BLVD
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR (X) Change () Addition
Name: AIOSA, DOUGLAS R
Address: 1894 OSPREY BLUFF BLVD
City-St-Zip: FLEMING ISLAND, FL 32003

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: DOUGLAS R AIOSA

MGR

02/09/2009

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