

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000042843**

1. Entity Name  
**TWO B'S WITH TWO A'S, LLC**



Principal Place of Business  
**213 THE ESPLANADE SOUTH  
VENICE, FL 34285 US**

Mailing Address  
**213 THE ESPLANADE SOUTH  
VENICE, FL 34285 US**

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0375695**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PACHOTA, MICHAEL V  
213 THE ESPLANADE SOUTH  
VENICE, FL 34285**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HOLIC, PAM  
636 APALACHICOLA ROAD  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
PACHOTA, MICHAEL  
213 THE ESPLANADE SOUTH  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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**U00000289933  
04/06/05-80044-008 50.00**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**Michael V Pachota** **MICHAEL V PACHOTA** **4/3/05** **941-223-9053**