

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90046 024 \*\*\*\*50.00

**DOCUMENT # L04000021311**

1. Entity Name  
**MAKE US AN OFFER TWO, LLC**



Principal Place of Business  
**1324 SEVEN SPRINGS BOULEVARD, SUITE 176  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**1324 SEVEN SPRINGS BOULEVARD, SUITE 176  
NEW PORT RICHEY, FL 34655**



2. Principal Place of Business  
**1324 SEVEN SPRINGS BLVD**

3. Mailing Address  
**1324 SEVEN SPRINGS BLVD**

Suite, Apt. #, etc.  
**# 363**

Suite, Apt. #, etc.  
**# 363**

City & State  
**NEW PORT RICHEY, FL**

City & State  
**NEW PORT RICHEY, FL 3**

Zip  
**34655**

Country  
**USA**

Zip  
**34655**

Country  
**USA**

02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**84-1640994**

Applied For  
Not Applicable

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

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

**BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD, SUITE 312  
TAMPA, FL 33624**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MANAGING MEMBER  
DAVID SPEZZA  
1324 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 #363**

☐ Delete

**10. ADDITIONS/CHANGES**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DAVID SPEZZA**

**2-17-05 787-656-9867**