## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000076680** 

1. Entity Name
TWO BULLETS, LLC



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 0388 ST. MARKS, FL 32355 Mailing Address P.O. BOX 0388 ST. MARKS, FL 32355



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
NOT APPLICABLE		Not Applica	ble
5. Certificate of Status Desired	\$5.00	Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELLS, WILLIAM M 209 NORTH RIVERS EDGE DRIVE ST. MARKS, FL 32355

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	OATE	
	NOWIII FEE IS \$138.75 11, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, WILLIAM M P.O. BOX 0388 ST. MARKS, FL 32355			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000800274 01/31/08-80010-024 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
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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 trystee empowered to execute this report a prequired by Chapter 608, Florida Statutes.				