

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076680

Entity Name: TWO BULLETS, LLC

FILED  
Feb 28, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

209 SAINT MARKS RIVERS EDGE DRIVE  
CRAWFORDVILLE, FL 32327 US

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 0388  
ST. MARKS, FL 32355 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WELLS, WILLIAM M  
209 NORTH RIVERS EDGE DRIVE  
CRAWFORDVILLE, FL 32327 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:

02/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WELLS, WILLIAM M  
Address: P.O. BOX 0388  
City-St-Zip: ST. MARKS, FL 32355

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WELLS, WILLIAM M  
Address: 209 SAINT MARKS RIVERS EDGE DR.  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: WILLIAM M WELLS

MGR.

02/28/2009

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