2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000024192

1. Entity Name
TWO DRIFTERS, LLC

Principal Place of Business	Mailing Address
2593 CARRINGTON WAY NORTH CANTON, OH 44720	P.O. BOX 2460 NORTH CANTON, OH 44720

DO NOT WRITE IN THIS SPACE

03172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2493857
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000879000
04/15/08-90003-001 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HAMRICK, GILBERT R JR.
STREET ADDRESS	P.O. BOX 2460
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gilbert R Hamrick Jr. member 3-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #