

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000049333

1. Entity Name
TWO HOMBRES, LLC



Principal Place of Business
**C/O SOUTH FLORIDA SOD, INC.
4366 E. KINSEY ROAD
AVON PARK, FL 33825**

Mailing Address
**C/O SOUTH FLORIDA SOD, INC.
4366 E. KINSEY ROAD
AVON PARK, FL 33825**



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4463195

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCALL, WILEY T
4366 E. KINSEY ROAD
AVON PARK, FL 33825**

**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

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

U00000859184
04/02/08-80013-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTH FLORIDA SOD, INC. 4366 E. KINSEY ROAD AVON PARK, FL 33825
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IN THIS SPACE**

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:

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

3/11/2008

Date

(863) 452-6595

Daytime Phone #