

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068790

Entity Name: TWO BUY ZERO, LLC

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

1420 N. ATLANTIC AVE  
601  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

1420 N. ATLANTIC AVE.  
601  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VISCOMI, ANTHONY  
15 LOCKWIND LANE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

VISCOMI, ANTHONY  
11 PRINCESS CIRCLE  
ORMOND BEACH, FL 32174 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: ANTHONY VISCOMI

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VISCOMI, ANTHONY  
Address: 15 LOCKWIND LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: SALVATO, NICHOLAS  
Address: 1420 NORTH ATLANTIC AVE., UNIT 601  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VISCOMI, ANTHONY  
Address: 11 PRINCESS CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY VISCOMI

MGR

01/05/2007

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