

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90072 047 \*\*\*150.00

**DOCUMENT # L05000114515**

1. Entity Name  
2M LIMITED LIABILITY COMPANY



Principal Place of Business

3421 GRAY COURT  
TAMPA, FL 33609 US

Mailing Address

3421 GRAY COURT  
TAMPA, FL 33609 US

**50007902**



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3841636

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCIONTI, MICHAEL D  
3421 GRAY COURT  
TAMPA, FL 33609

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCIONTI, MICHAEL D
STREET ADDRESS	3675 WESTSHORE BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	PILCH, JOZEF
STREET ADDRESS	3675 WESTSHORE BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

6/15/08