

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114515

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: 2M LIMITED LIABILITY COMPANY

## Current Principal Place of Business:

3421 GRAY COURT  
TAMPA, FL 33609 US

## New Principal Place of Business:

3675 S. WESTSHORE BLVD  
TAMPA, FL 33629 US

## Current Mailing Address:

3421 GRAY COURT  
TAMPA, FL 33609 US

## New Mailing Address:

3675 S. WESTSHORE BLVD  
TAMPA, FL 33629 US

FEI Number: 20-3841636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCIONTI, MICHAEL D  
3421 GRAY COURT  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCIONTI, MICHAEL D  
Address: 3675 WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33629 US

Title: MGR ( ) Delete  
Name: PILCH, JOZEF  
Address: 3675 WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCIONTI, MICHAEL D  
Address: 3421 GRAY CT  
City-St-Zip: TAMPA, FL 33609 US

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

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: MICHAEL SCIONTI

MGR

04/20/2009

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