

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122453

Entity Name: FLAIR TWO, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

5802-A EAST FOWLER AVE., SUITE 121
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

5802-A EAST FOWLER AVE., SUITE 121
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 72-1688608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIGAN, DAVID C JD, LLM
C/O DAVID LANIGAN, P.A.
10927 NORTH 56TH STREET
TAMPA, FL 336173000 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: MGRM () Delete
Name: WILLIAMS, WALLACE F
Address: 11404 TULLAMORE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR () Delete
Name: WILLIAMS, WALTER
Address: 5903 SERARNY
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES:

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

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: WALLACE WILLIAMS

MGRM

02/06/2009

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