

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUL -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000000074

1. Entity Name
TWO GUYS, LLC



Principal Place of Business
18957 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496 US

Mailing Address
18957 CLOUD LAKE CIRCLE
BOCA RATON, FL 33496 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
56-2548941

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLAY, RAYMOND L~~ HEATHER KEITH
~~18957 CLOUD LAKE CIRCLE~~ 1543 SW 18TH TERR
~~BOCA RATON, FL 33496~~ FT LAUDERDALE FL 33312

Name Heather Keith, Esq.
Street Address (P.O. Box Number is Not Acceptable) 1543 SW 18TH TERR
City Fort Lauderdale FL Zip Code 33312

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 X Heather Keith, Esq. 6/27/08
Signature, typed or printed name of registered agent and title if applicable. (NO E) Registered Agent signature required when reinstating. DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CLAY, RAYMOND L
STREET ADDRESS 18957 CLOUD LAKE CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME 200132206012
STREET ADDRESS 07/03/08--01007--005 **\$50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME ELIZABETH KEITH
STREET ADDRESS P.O. BOX 1696
CITY-ST-ZIP FREDERICKSTED VI 00841

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] 6.22.08 444-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #