

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90081 005 \*\*\*138.75

**DOCUMENT # L06000018557**

1. Entity Name  
2 BROTHERS, LLC



Principal Place of Business  
4437 FRANKLIN STREET  
MARIANNA, FL 32448 US

Mailing Address  
PO BOX 419  
MARIANNA, FL 32447 US

30009066



06042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0571173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WIMBERLY, REX S  
4421 SPRING VALLEY DRIVE  
MARIANNA, FL 32448

**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 \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WIMBERLY, RICHARD D
STREET ADDRESS	4437 SPRING VALLEY DRIVE
CITY- ST- ZIP	MARIANNA, FL 32448
TITLE	MGRM
NAME	WIMBERLY, REX S
STREET ADDRESS	4421 SPRING VALLEY DRIVE
CITY- ST- ZIP	MARIANNA, FL 32448
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 #