2007 LIMITED LIABILITY COMPANY

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Jan 22, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L06000032871 1. Entity Name TWO IF BY SEA PUBLISHING, LLC 01-22-2007 90148 010 ****55.00 Principal Place of Business Mailing Address 1453 CHARLES RD 12995 S. CLEVELAND AVE., STE 141, #1776 60004468 FORT MYERS, FL 33919 FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 57-1234483 Not Applicable 7io Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBS, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) 1453 CHARLES RD FORT MYERS, FL 33919 City Zip Code 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 (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE Delete ☐ Change Addition TITLE JACOBS TIMOTHY M NAME 1453 CHÂRLES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP ☐ Addition IIILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MLE ☐ Delete MLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

FILED

Change

Addition

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 1 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.

MAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP