

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088329

Entity Name: 2 IS BETTER, LLC

FILED  
Feb 01, 2007  
Secretary of State

## Current Principal Place of Business:

13300 ATLANTIC BLVD.  
#313  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

13300 ATLANTIC BLVD.  
#313  
JACKSONVILLE, FL 32225

## New Mailing Address:

2292 MOODY ROAD  
200  
WARNER ROBINS, GA 31088

FEI Number: 87-0791897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, RAMONA L  
13300 ATLANTIC BLVD.  
#313  
JACKSONVILLE, FL 32225 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: MILLS, RAMONA L  
Address: 13300 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: HARRIS, EBONY L  
Address: 13300 ATLANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MILLS, RAMONA L  
Address: 2292 MOODY ROAD, SUITE 200  
City-St-Zip: WARNER ROBINS, GA 31088

Title: MGR (X) Change ( ) Addition  
Name: HARRIS, EBONY L  
Address: 2292 MOODY ROAD, SUITE 200  
City-St-Zip: WARNER ROBINS, GA 31088

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMONA L. MILLS

MGR.

02/01/2007

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