

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089153

Entity Name: 2U COLLECTION, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

940 DOUGLAS AVE  
#143  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

940 DOUGLAS AVE  
#192  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

940 DOUGLAS AVE  
#143  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 56-2610392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MORELLI, AMY  
940 DOUGLAS AVE.  
#143  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

MORELLI, AMY A AMY MOR  
940 DOUGLAS AVE.  
#143  
ALTAMONTE SPRINGS, FL 32714 US

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: AMY MORELLI

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORELLI, AMY M  
Address: 940 DOUGLAS AVE. #143  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: AMY MORELLI

MGRM

05/03/2010

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