

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117355

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** TWO FINGERS, LLC

**Current Principal Place of Business:**

1000 E. HIGHWAY 50  
SUITE B, 2ND FLOOR  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

1645 E. HWY 50  
SUITE 202  
CLERMONT, FL 34711 US

**Current Mailing Address:**

PO BOX 120187  
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number:** 20-8020038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWELL, ALEXANDER  
1000 E. HIGHWAY 50  
SUITE B, 2ND FLOOR  
CLERMONT, FL 34711 US

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

HOWELL, ALEXANDER  
1645 E. HWY 50  
SUITE 202  
CLERMONT, FL 34711 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/26/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DBM INTERNATIONAL, INC.  
Address: 1000 E. HIGHWAY 50, SUITE B, 2ND FLOOR  
City-St-Zip: CLERMONT, FL 34711 US

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: ALEX HOWELL

PRES

01/26/2010

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