

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2008-90032-004-\$138.75-\$138.75

DOCUMENT # L07000034701 1. Entity Name ANDY HORNE'S MARTIAL ARTS ACADEMY 2 LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATION 08 OCT -3 PM 3: 31	
Principal Place of Business 969 SOUTH MAIN ST 3200 NW CR 341 BELL, FL 32619 US				Mailing Address 969 SOUTH MAIN ST - 3200 NW CR BELL, FL 32619 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc. -		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-8770417				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				07032008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent HORNE, JEANNETTE 3200 NW COUNTY ROAD 341 BELL, FL 32619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORNE, ANDREW H 3200 NW COUNTY ROAD 341 BELL, FL 32619			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 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 				Date 9-8-08			
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			