

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006541

FILED
Jan 19, 2009
Secretary of State

Entity Name: TWO BLONDES & A GUY, LLC

Current Principal Place of Business:

3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
JACKSONVILLE, FL 32224

New Principal Place of Business:

3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
STE.104
JACKSONVILLE, FL 32224

Current Mailing Address:

3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
JACKSONVILLE, FL 32224

New Mailing Address:

3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
STE.104
JACKSONVILLE, FL 32224

FEI Number: 26-1812290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYCHUCK, CLYDE
3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
JACKSONVILLE, FL 32224 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: MGRM () Delete
Name: DUBBERLY, ROSEANN
Address: 3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: BOYCHUCK, CLYDE
Address: 3546 SOUTH ST. JOHNS BLUFF ROAD, STE. 104
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSEANN DUBBERLY

MGRM

01/19/2009

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