

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009439

**FILED**  
**Jun 02, 2009**  
**Secretary of State**

**Entity Name:** 2 TINES, LLC

**Current Principal Place of Business:**

1744 STARGAZER TERRACE  
SANFORD, FL 32771

**New Principal Place of Business:**

4932 WEST SR 46  
1036  
SANFORD, FL 32771

**Current Mailing Address:**

1744 STARGAZER TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

4932 WEST SR 46  
1036  
SANFORD, FL 32771

**FEI Number:** 26-1845277      **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:**

TRASK, CHRISTIN  
1744 STARGAZER TERRACE  
SANFORD, FL 32771    US

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

TRASK, CHRISTINE  
1744 STARGAZER TERRACE  
SANFORD, FL 32771    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:** CHRISTINE TRASK

06/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** PRES ( ) Change (X) Addition  
**Name:** GOOD, KRISTINE  
**Address:** 1885 WEST LAKE MARY BLVD  
**City-St-Zip:** LAKE MARY, FL 32746

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:** CHRISTINE TRASK

PRES

06/02/2009

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