

FILED**May 02, 2008 08:00 AM**
Secretary of State**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****DOCUMENT # L99000006195**1. Entity Name
TWO L & H, L.L.C.Principal Place of Business
500 NE 185TH STREET
NORTH MIAMI BEACH, FL 33179Mailing Address
500 NE 185TH STREET
NORTH MIAMI BEACH, FL 33179

01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0951206Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent**HUA, HAO H
500 NE 185 STREET
NORTH MIAMI BEACH, FL 33179**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and the F applicable.

(NOTE: Registered Agent signature required when translating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WONG, CHARLES
500 NE 185TH STREET
NORTH MIAMI BEACH, FL 33179TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HUA, HAO H
500 NE 185TH STREET
NORTH MIAMI BEACH, FL 33179TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPU000000942630
05/23/08-60026-012 138.75**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08 305-653-5458