

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008266

1. Entity Name
2LS, L.L.C.



Principal Place of Business
5935 TAYLOR RD.
NAPLES, FL 34109

Mailing Address
1123 UNICA LN
NAPLES, FL 34105



04222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, JAMES R
1123 UNICA LANE
NAPLES, FL 34105

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000362941
05/05/05-80139-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LYKINS DEVELOPMENT SPECIALTIES, INC.
STREET ADDRESS 5935 TAYLOR ROAD
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGRM
NAME STEPHENSON, JAMES R
STREET ADDRESS 5935 TAYLOR ROAD
CITY-ST-ZIP NAPLES, FL 34109

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PAID
APR 28 2005

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4/28/05 239 5948434