

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000003274

1. Entity Name
TWO OF A KIND, LLC



Principal Place of Business

**14401 SOUTH MILITARY TRAIL, SUITE C200
DELRAY BEACH, FL 33484**

Mailing Address

**14401 SOUTH MILITARY TRAIL, SUITE C200
DELRAY BEACH, FL 33484**



07012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1641597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLANK, EDWARD
14401 SOUTH MILITARY TRAIL, SUITE C200
DELRAY BEACH, FL 33484**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BLANK, EDWARD
14401 SOUTH MILITARY TRAIL, SUITE C200
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BLANK, JOANNE
14401 SOUTH MILITARY TRAIL, SUITE C200
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000568112
07/06/06-80010-008 50.00

**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: Ed Blank

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

ED BLANK 6/30/06 561-279-9484

Date

Daytime Phone #