

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076680

**Entity Name:** TWO BULLETS, LLC

**Current Principal Place of Business:**

209 SAINT MARKS RIVERS EDGE DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 0388  
ST. MARKS, FL 32355 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FLORIDA INCORPORATOR  
209 SAINT MARKS RIVERS EDGE DRIVE  
CRAWFORDVILLE, FL 32327 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:** MICHAEL ANGELO

01/28/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WELLS, WILLIAM M  
Address 209 SAINT MARKS RIVERS EDGE DR.  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM M WELLS

MG.

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date