

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000066575

**Entity Name:** RATH TWO, LLC

**Current Principal Place of Business:**

5405 CYPRESS CENTER DRIVE  
SUITE 320  
TAMPA, FL 33609

**FILED**  
**Nov 20, 2013**  
**Secretary of State**  
**CC8930408355**

**Current Mailing Address:**

5405 CYPRESS CENTER DRIVE  
SUITE 320  
TAMPA, FL 33609 US

**FEI Number:** 20-3873411

**Certificate of Status Desired:** No

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

HOLCOMB, VICTOR W  
3203 W CYPRESS STREET  
TAMPA, FL 33607 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RATH, FRED H  
Address        3405 CYPRESS CENTER DR, STE 320  
City-State-Zip: TAMPA FL 33609

Title           MEMBER  
Name           FRED H RATH II, IRREVOCABLE TRUST  
Address        5405 CYPRESS CENTER DRIVE SUITE 320  
City-State-Zip: TAMPA FL 33609

Title           MEMBER  
Name           TIFFANY JOAN BLUNN, IRREVOCABLE TRUST  
Address        5405 CYPRESS CENTER DRIVE SUITE 320  
City-State-Zip: TAMPA FL 33609

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT A MARTLING

VP - FINANCE

11/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date