

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000023949

**Entity Name:** TWO BULLS, LLC

**Current Principal Place of Business:**

3514 CLAYTON RD.  
BONIFAY, FL 32425

**Current Mailing Address:**

3514 CLAYTON RD.  
BONIFAY, FL 32425

**FEI Number:** 47-3143750

**Certificate of Status Desired:** No

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

BODE, CHARLES A  
3514 CLAYTON RD.  
BONIFAY, FL 32425 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            AMBR  
Name            BODE, CHARLES A  
Address        3514 CLAYTON RD.  
City-State-Zip: BONIFAY FL 32425

Title            AMBR  
Name            BODE, CHARLES A II  
Address        3514 CLAYTON RD.  
City-State-Zip: BONIFAY FL 32425

*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:** CHARLES A BODE

AMBR

03/23/2016

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

\_\_\_\_\_  
Date