2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109322

Entity Name: GET TWISTED, LLC

Address:

City-St-Zip:

225 SW 37TH STREET

CAPE CORAL, FL 339147838

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 225 SW 37TH STREET CAPE CORAL, FL 339147838 **Current Mailing Address: New Mailing Address:** 225 SW 37TH STREET CAPE CORAL, FL 339147838 FEI Number: 41-2256268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OAKS, DAVID K ESQ 407 EÁST MARION AVE. SUITE 101 PUNTA GORDA, FL 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition JOHNSON, MICHAEL Name: Name: Address: 225 SW 37TH STREET Address: City-St-Zip: CAPE CORAL, FL 339147838 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JOHNSON, LISA Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LISA JOHNSON PRES 05/05/2008