

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101446

Entity Name: TWINSTORM, LLC**Current Principal Place of Business:**1321 ARDEN AVE
CLEARWATER, FL 33755**Current Mailing Address:**1321 ARDEN AVE
CLEARWATER, FL 33755 US**FEI Number:** 20-5406202**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PETERS, CLIFFORD
1321 ARDEN AVE
CLEARWATER, FL 33755 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	MGR
Name	PETERS, CLIFFORD
Address	1321 ARDEN AVE
City-State-Zip:	CLEARWATER FL 33755

Title	MGR
Name	PETERS, CHRISTINE
Address	1321 ARDEN AVE
City-State-Zip:	CLEARWATER FL 33755

Title	MGR
Name	CAPPELLI, ANGELO
Address	9800 4TH ST N SUITE 200
City-State-Zip:	ST PETERSBURG FL 33702

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: CHRISTINE PETERS

MANAGER

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date