

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000251177

**FILED**  
**Jan 30, 2021**  
**Secretary of State**  
**4544177762CC**

**Entity Name:** TWISTED COMPASS BREWING LLC

**Current Principal Place of Business:**

585 STATE ROAD 13  
SUITE 101  
ST. JOHNS, FL 32259

**Current Mailing Address:**

601 ROTHMOOR LANE  
ST. JOHNS, FL 32259 US

**FEI Number:** 82-3675546

**Certificate of Status Desired:** No

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

GUIBAS, ISRAEL  
601 ROTHMOOR LANE  
ST. JOHNS, FL 32259 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 GUIBAS, ROSA M  
Address 601 ROTHMOOR LANE  
City-State-Zip: ST. JOHNS FL 32259

Title MGRM  
Name GUIBAS, ISRAEL  
Address 601 ROTHMOOR LANE  
City-State-Zip: ST. JOHNS FL 32259

Title MGRM  
Name SHEETS, CRAIG M  
Address 600 ROTHMOOR LANE  
City-State-Zip: ST. JOHNS FL 32259

Title MGRM  
Name MULLIN, REBECCA  
Address 600 ROTHMOOR LANE  
City-State-Zip: ST. JOHNS FL 32259

*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:** ISRAEL GUIBAS

**MANAGING PARTNER**

**01/30/2021**

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

\_\_\_\_\_  
Date