

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000105611

**Entity Name:** TWIN MANAGEMENT 25, LLC

**Current Principal Place of Business:**

202 WASHINGTON ST  
STE 334  
BROOKLINE, MA 02445

**Current Mailing Address:**

202 WASHINGTON ST  
STE 334  
BROOKLINE, MA 02445 US

**FEI Number:** 82-5414756

**Certificate of Status Desired:** Yes

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

CORPORATION COMPANY OF MIAMI  
200 S. BISCAYNE BOULEVARD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 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 CARRILLO, LUIS ALFONSO  
Address 202 WASHINGTON ST  
STE 334  
City-State-Zip: BROOKLINE MA 02445

Title MGR  
Name CARRILLO, ALFONSO  
Address 202 WASHINGTON ST  
STE 334  
City-State-Zip: BROOKLINE MA 02445

Title MGR  
Name CABARRUS, LORRAINE M  
Address 202 WASHINGTON ST  
STE 334  
City-State-Zip: BROOKLINE MA 02445

*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:** ALFONSO CARRILLO

**MANAGER**

**01/03/2021**

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

\_\_\_\_\_  
Date