

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000232982

**Entity Name:** TWIN TOWERS GROUP LLC

**Current Principal Place of Business:**

3653 EASTBURY DR  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3653 EASTBURY DR  
JACKSONVILLE, FL 32224 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAW OFFICE OF ADAM J. DUGAN, P.A.  
419 THIRD STREET N.  
JACKSONVILLE BEACH, FL 32250 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:** ADAM J. DUGAN, ESQ.

09/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PRAMESHUBER, ALAN  
Address 3653 EASTBURY DR  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name PRAMESHUBER, ALEC  
Address 3653 EASTBURY DR  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name PRAMESHUBER, AGAN  
Address 3653 EASTBURY DR  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name PRAMESHUBER, UNA  
Address 3653 EASTBURY DR  
City-State-Zip: JACKSONVILLE FL 32224

Title AR  
Name LAW OFFICE OF ADAM J. DUGAN,  
Address 419 THIRD STREET N.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** ADAM J. DUGAN, ESQ.

AR

09/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date