

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000282491

**Entity Name:** TWIN EGLIN OPERATOR LLC

**Current Principal Place of Business:**

7830 PINE FOREST RD  
PENSACOLA, FL 32526

**Current Mailing Address:**

7830 PINE FOREST RD  
PENSACOLA, FL 32526 US

**FEI Number:** 87-1303232

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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	AMBR	Title	CFO
Name	TWIN EGLIN HOLDINGS, LLC	Name	MASTERPALO, JOHN
Address	7830 PINE FOREST RD	Address	12 BROAD ST SUITE 301
City-State-Zip:	PENSACOLA FL 32526	City-State-Zip:	RED BANK NJ 07701

*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:** NICOLE RIBET

**BOOKKEEPER**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date