

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000005972

**Entity Name:** TWIN PEAKS, LLC

**FILED**  
**Dec 03, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

20547 OLD CUTLER ROAD  
SUITE 303  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

20547 OLD CUTLER ROAD  
SUITE 303  
MIAMI, FL 33189 US

**New Mailing Address:**

**FEI Number:** 65-1102567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WEBB, JOSEPH III  
20547 OLD CUTLER RD STE 303  
MIAMI, FL 33189 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: JOSEPH WEBB III

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** WEBB, JOSEPH III  
**Address:** 20547 OLD CUTLER RD SUITE #303  
**City-St-Zip:** MIAMI, FL 33189

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOSEPH WEBB III

MGR

12/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date