

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005980



1. Entity Name
TWIN RIVERS RESEARCH, LLC

Principal Place of Business
**9770 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

Mailing Address
**9770 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**



04092007 No Chg-LLC

CR2E083 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712962

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEJONG, GLENN A
9770 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000700387
04/20/07-80016-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEJONG, GLENN A
9770 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Glenn DeJong **Glenn DeJong** 4/09/07 321-795-7548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #