2004

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 09, 2004 8:00 am
Secretary of State
01-22-2004 90030 004 ****50.00

DOCUMENT # L02000021651

1. Entity Name
It's A Twin Thing LLC

DO NOT WRITE IN THIS SPACE

[redacted]

34000204
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1055 Clear Creek Cir.	2201 Springwood Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL	City & State: Burlington, WI
Zip: 34711 Country: USA	Zip: 53105 Country: USA

4. FEI Number: 54-2070719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: Classic Management & Travel Inc
Street Address (P.O. Box Number is Not Acceptable): 1239 Hwy 27 South
City: Clermont FL Zip Code: 34711

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] DATE: 12/12/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	RONALD DAMASCHKE
STREET ADDRESS	2201 SPRINGWOOD LANE
CITY-ST-ZIP	BURLINGTON, WI 53105
TITLE	MGR
NAME	Marcella Damaschke
STREET ADDRESS	2201 SPRINGWOOD LANE
CITY-ST-ZIP	Burlington, WI 53105
TITLE	MGR
NAME	Martha Macs
STREET ADDRESS	1210 ROBINHOOD DRIVE
CITY-ST-ZIP	Waterford, WI 53185
TITLE	MGR
NAME	JOSEPH DOMANIK
STREET ADDRESS	1210 ROBINHOOD DRIVE
CITY-ST-ZIP	Waterford, WI 53185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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[redacted]

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RONALD DAMASCHKE 262-534-4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Ronald A Damaschke

Attachment [redacted] 3/4/2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 8, 2004

IT'S A TWIN THING, LLC
2201 SPRINGWOOD LN
BURLINGTON, WI 53105

SUBJECT: IT'S A TWIN THING, LLC
Ref. Number: L02000021651

We have received your document for IT'S A TWIN THING, LLC and check(s) totaling $10.00. However, your check(s) and document are being returned for the following:

The filing fee for this report is $50.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers

Registration/Qualification Section
Division of Corporations Letter Number: 904A00001356