

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90009 020 ***138.75

DOCUMENT # L02000021651

1. Entity Name
IT'S A TWIN THING, LLC



Principal Place of Business
1055 CLEAR CREEK CIRCLE
CLERMONT, FL 34711

Mailing Address
1210 ROBINHOOD DR
WATERFORD, WI 53185 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
54-2070719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCORPIO MANAGEMENT SERVICES
707 ROCHESTER LOOP
DAVENPORT, FL 33897

Name SCORPIO Management Services
Street Address (P.O. Box Number is Not Acceptable) 12020 Still Meadow DRIVE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DOMINAK, JOSEPH ☐ Delete
STREET ADDRESS 1210 ROBINHOOD DR
CITY-ST-ZIP WATERFORD, WI 53185

TITLE MGRM
NAME DOMANIK, Joseph ☒ Change ☐ Addition
STREET ADDRESS 1210 Robin hood DR.
CITY-ST-ZIP Waterford, WI 53185

TITLE MGR
NAME DOMANIK, MARTHA ☐ Delete
STREET ADDRESS 1210 ROBINHOOD DR
CITY-ST-ZIP WATERFORD, WI 53185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Martha Romanik
Martha DOMANIK

4-2-08
262-498-0611