

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024614

1. Entity Name
TWISTED ANIMATOR, LLC



Principal Place of Business

8119 HARDING AVENUE
MIAMI BEACH, FL 33141

Mailing Address

8119 HARDING AVENUE
MIAMI BEACH, FL 33141



04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1430510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ROGER L JR.
8119 HARDING AVENUE
MIAMI BEACH, FL 33141

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 renewing) DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALVAREZ, ROGER L JR.
STREET ADDRESS	8119 HARDING AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	
NAME	
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CITY-ST-ZIP	

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U00000329775
04/25/05-80132-009 50.00

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IN THIS SPACE

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:

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

Date

Daytime Phone #

4/30/05 786 308 5973