LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032295

1. Entity Name

TWINEMASTER, LLC

SIGNATURE:



FILED

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SECRETARY OF STATE ARIDA

Daytime Phone #

Date

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7		NA (I) Address							-
2. Pricipal Place of Business		3. Mailing Address 802 11th Street West			1				
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Bradenton, FL 34205		City & State Bradenton, FL		-	4.) FEI Numb			<u> </u>	ot Applicable
Bradenton, Th 34203					81 <u>-0584</u> 2		- \$5	.00 Ad	
Zip Country USA		Zip 34205 Country USA			5. Certificate of Status Desired Fee Required				
34203   3000				7	. Name and	Address of Curren	t Registered Ag	gent	
			Name R1	 10cl	 k: Lande	ers, Walte	rs & Vogl	ler,	P.A
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8. The above n	amed entity submits this statement for the	ne purpose of changing its	registered office or re	gistere	d agent, or bu	om, in the State of t	iorida. Fair tarri		
the obligation	ns of registered agent.	<i>\$</i>							Į.
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S	ignature, typed or printed name of registered agent and		EE IS \$50.00	4					
		Make Check Payab	le to Florida Depa	rtmer	nt of State				
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	MANAGING MEMBERS	MANAGERS							ALCOHOL:
9.	Manager/Member		TITLE						
TITLE NAME	Hormanus Polman		NAME			- t			
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CITY-ST-ZIP	Cabadelo-PB, Brazil		Crty+ST-ZIP		<b>- 11 -</b>		<u> </u>		-
TITLE	Manager/Member		TITLE						
NAME	William K. Wright Av. Pres Afonso Pena	a, Bessa	NAME STREET ADDRESS		77	ana 17:	21219	17	
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CITY-ST-ZIP			- the average of the	od in S	action 119 07	(3)(i) Florida Statut	tes. I further certi	ify that th	e information
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and adcurate and ibility company or the receiver of rustee	this filing does not qualify that my signature shall have approvered to execute this	or the exemption state e the same legal effects s report as required b	et as if r by Chap	made under o oter 608, Floric	ath; that I am a ma la Statutes.	anaging member	r or mana	ager of the

SNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE