

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000041118

1. Entity Name
THE TWISTED STITCHER, LLC



Principal Place of Business
2340 LIMERICK DR.
TALLAHASSEE, FL 32309

Mailing Address
1400 VILLAGE SQUARE BLVD., #3-247
TALLAHASSEE, FL 32312



09042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1606421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOCKLEY, ANN GOEMBEL
2340 LIMERICK DR.
TALLAHASSEE, FL 32309

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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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

U00000773479
09/06/07-80006-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHOCKLEY, ANN GOEMBEL
2340 LIMERICK DR.
TALLAHASSEE, FL 32309

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE:

Ann Goembel Shockley
Ann Goembel Shockley *Managing Member* *9/4/07* *4113*

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

Date

Daytime Phone #