


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000041118		
1. Entity Name THE TWISTED STITCHER, LLC		

FILED

2008 DEC -9 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2340 LIMERICK DR. TALLAHASSEE, FL 32309	Mailing Address 1400 VILLAGE SQUARE BLVD., #3-247 TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2340 Limerick Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tallahassee, FL	
Zip	Country	Zip 32309	Country Leon

10062008 REIN-LLC CR2E101 (1/07)

4. FEI Number 42-1606421	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Ann Shockley DATE 12/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHOCKLEY, ANN GOEMBEL 2340 LIMERICK DR. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138516602 12/05/08--01040--015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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REINSTATEMENT-08

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: Ann Goebel Shockley DATE 12/4/08 DAYTIME PHONE # 668-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE