

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014160

Entity Name: TWIN PALMS, LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

744 MAIN STREET  
CARTHAGE, IL 62321 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07315  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 37-1413613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHARLES, BELL T JR  
Address: P.O. BOX 07315  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: BELL, AURELIA J  
Address: P.O. BOX 07315  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES T. BELL, JR.

MGR

03/14/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date