

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000022375

Entity Name: TWIGS & LEAVES, LLC

FILED  
Nov 03, 2008  
Secretary of State

**Current Principal Place of Business:**

1013 DR. MARTIN LUTHER KING JR ST. SOUTH  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1013 DR. MARTIN LUTHER KING JR ST. SOUTH  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 35-2252268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KIM JUSTICE  
2435 1ST AVE N  
ST PETERSBURG, FL 33713 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: KIM JUSTICE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PIQUET, PHILIPPE M  
Address: 859 9TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM ( ) Delete  
Name: MANLOWE, MICHAEL L  
Address: 859 9TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL MANLOWE

MGRM

11/03/2008

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