

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061844

Entity Name: TWV, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3310 WATERMAN WAY  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

3310 WATERMAN WAY  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 59-3807811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VOCCI, MARK J  
3310 WATERMAN WAY  
TAVARES, FL 32726 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: MGRP  
Name: VOCCI, MARK J MDPHD  
Address: 3310 WATERMAN WAY  
City-St-Zip: TAVARES, FL 32778

Title: VP  
Name: WEHRLY, SCOTT MD  
Address: 3310 WATERMAN WAY  
City-St-Zip: TAVARES, FL 32778

Title: T  
Name: TERPSTRA, SHELBY L DO  
Address: 3310 WATERMAN WAY  
City-St-Zip: TAVARES, FL 32778

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: MARK VOCCI MD

PRES

01/05/2010

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