

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000069885

1. Entity Name  
TWICE LLC



Principal Place of Business  
2090 N.E. 214 STREET  
NORTH MIAMI BEACH, FL 33179 US

Mailing Address  
2090 N.E. 214 STREET  
NORTH MIAMI BEACH, FL 33179 US



04122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3165224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WORTHALTER, MINNY  
2090 N.E. 214 STREET  
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE  
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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME WORTHALTER, MINNY  
STREET ADDRESS 2090 N.E. 214 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE MGRM  
NAME KERPEL, SARA  
STREET ADDRESS 2090 N.E. 214 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000715070  
04/27/07-80048-019 50.00

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:**

Minsky Worthalter

April 12, 2007 (305) 965-3570

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

Date

Daytime Phone #