

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000056400

Entity Name: TWIN BROTHERS LLC

**FILED**  
**Apr 02, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

521 SW 16 STREET  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

521 SW 16 STREET  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

FEI Number: 20-4973143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SADIG, HAYDER J  
521 SW 16 STREET  
BELLE GLADE, FL 33430 US

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

NAGWA, MOHAMED  
521 SW 16 STREET  
BELLE GLADE, FL 33430 US

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: NAGWA

04/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SADIG, HAYDER J  
Address: 521 SW 16 STREET  
City-St-Zip: BELLE GLADE, FL 33430 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NAGWA, MOHAMED  
Address: 521 SW 16 STREET  
City-St-Zip: BELLE GLADE, FL 33430 US

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: NAGWA

MGR

04/02/2008

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