

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000063852

Entity Name: TWINSPLACE LLC

FILED  
Sep 16, 2009  
Secretary of State

## Current Principal Place of Business:

4553 NW 60TH STREET  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

4559 MARINERS COVE DR  
WELLINGTON, FL 33449

## Current Mailing Address:

DENISE AND DIANE FOGT  
4553 NW 60TH STREET  
COCONUT CREEK, FL 33073

## New Mailing Address:

4559 MARINERS COVE DR  
WELLINGTON, FL 33449

FEI Number: 20-5529770      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:

FOGT, DIANE  
4553 NW 60TH STREET  
COCONUT CREEK, FL 33073      US

## Name and Address of New Registered Agent:

FOGT, JERRY  
4559 MARINERS COVE DR  
WELLINGTON, FL 33449      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: JERRY FOGT

09/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FOGT, JERRY  
Address: 4559 MARINERS COVE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: FOGT, MARILYN  
Address: 4559 MARINERS COVE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM (X) Delete  
Name: FOGT, DIANE  
Address: 4553 NW 60TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM (X) Delete  
Name: FOGT, DENISE  
Address: 4553 NW 60TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FOGT, JERRY  
Address: 4559 MARINERS COVE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM (X) Change ( ) Addition  
Name: FOGT, MARILYN  
Address: 4559 MARINERS COVE  
City-St-Zip: WELLINGTON, FL 33449

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: JERRY FOGT

MGR

09/16/2009

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