

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083323

Entity Name: TWINS FOOD TAXI.COM, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

1335 COBERG AVE NW
PALM BAY, FL 32907 US

New Principal Place of Business:

7279 WAELTI DRIVE
STE 11C
MELBOURNE, FL 32940 US

Current Mailing Address:

1335 COBERG AVE NW
PALM BAY, FL 32907 US

New Mailing Address:

7279 WAELTI DRIVE
STE 11C
MELBOURNE, FL 32940 US

FEI Number: 20-5421049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, SUSAN L
3150 N WICKHAM RD
3
MELBOURNE, FL FL 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: MGRM () Delete
Name: PARR, SOLEN
Address: 1335 COBERG AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: MGRM () Delete
Name: MEAGHER, KENNETH JR
Address: 7667 N WICKHAM RD, APT. 1405
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM (X) Delete
Name: MEAGHER, DAVID
Address: 7667 N WICKHAM RD, APT. 1405
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES:

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

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: SOLEN PARR

MGRM

01/31/2008

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