
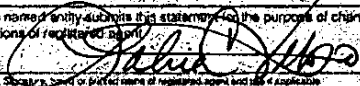
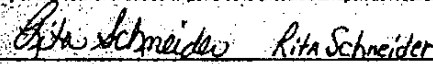


FILED
Apr 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 050 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

3/

DOCUMENT # L06000084264			
1. Entity Name TWISTED HART, LLC			
Principal Place of Business 10421 S.W. 187TH TERRACE MIAMI, FL 33157		Mailing Address 10421 S.W. 187TH TERRACE MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CONCEPCION-VELOSO, LAINE; ESO RICHMAN GREEN WELB GRUMBAUGH MIRABITO & CH 201 SO. BISCAYNE BOULEVARD STE 1000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name LAINE CONCEPCION-VELOSO, ESO LAW OFFICES OF LAINE CONCEPCION-VELOSO, P.A. Street Address (P.O. Box Number is Not Acceptable) FAIRWAY CORPORATE CENTER III 14645 N.W. 77th Avenue, Suite 104 City Miami Lakes FL Zip Code 33014	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
4. FEI Number 20-5476463		Applied For <input type="checkbox"/> Not Applicable	
6. 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 		DATE 4-17-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, MARY SUSAN 10421 S.W. 187TH TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, RITA 10421 SW 187TH TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its receiver or trustee empowered to execute this report as required by Chapter 006, Florida Statutes.			
SIGNATURE:  Rita Schneider		DATE: 3-11-08 305-233-7566	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30004432



03182008 Chg-LLC CR2E083 (12/08)

ATTACHMENT 30004492
106000084264

Rita Schneider

From: Laline Concepcion-Veloso [lveloso@lcvlaw.com]
Sent: Thursday, April 17, 2008 3:28 PM
To: Rita Schneider
Subject: RE: twisted hart Division Corp Annual Report needs to be Signed by You
Attachments: 20080417152308974.pdf

Rita,

Attached is the annual report which I have signed as registered agent. The information is correct. Let me know if you need me to send you the original by mail.

Best regards,
Laline

Laline Concepcion-Veloso, Esq.
Law Offices of Laline Concepcion-Veloso, P.A.
Fairway Corporate Center III
14645 N.W. 77th Avenue, Suite 104
Miami Lakes, FL 33014
Telephone: 305.231.9000
Facsimile: 305.231.9100
Email: lveloso@lcvlaw.com

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From: Rita Schneider [mailto:rschneider@ericalyons.com]
Sent: Thursday, April 17, 2008 3:17 PM
To: Laline Concepcion-Veloso
Cc: Rita Schneider
Subject: FW: twisted hart Division Corp Annual Report needs to be Signed by You
Importance: High

4-17-08

Laline,

Regarding Division of Corporations. I have to file every year by 5-1-08. On the form I filed with the payment I changed from Richman Greer to your new law firm which I assume is correct.

Today I just received a letter with the form stating I need your signature on this form. PLEASE PRINT AND SIGN and email back to me SO I can send in asap (before 5-1-08) so we won't be penalized \$400.

Thanks so much,

Rita

4/17/2008

ATTACHMENT 30004492

TWISTED HART, LLC.
10421 S.W. 187TH TERRACE MIAMI, FLORIDA 33157
TEL: 305-233-7566 FAX: 305-233-7159

April 17, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Attn: Annual Reports Section

Re: Twisted Hart, LLC.
Reference Number: L06000084264
2008 Limited Liability Company Annual Report

To Whom It May Concern:

Today we received a letter from your department stating you received our report and check but that in order for the report to be filed you needed a signature from our registered agent. I called and spoke to your office and they stated an email printed copy of her signature would be ok as long as you can tell it looks like a copy of an original signature.

I have enclosed the copy of the signed form from Laline Concepcion-Veloso (registered agent) along with a copy of the email and copy of your letter.

Please process the annual report.

If I can be of any further service, please call me at 305-233-7566 ext. 104.

Thanks so much and have a nice day.

Sincerely,



Rita Schneider
MGR