2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000015934

Entity Name: TWINCERELY OURS, LLC

Current Principal Place of Business:

1408 W. MICHIGAN STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1408 W. MICHIGAN STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 20-8433720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BOWIE, ROSE M
738 MT. PLEASANT DR.
OCOEE, FL 34761 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: MGR ( ) Delete
Name: BOWIE, ROSE M
Address: 738 MT. PLEASANT DR.
City-St-Zip: OCOEE, FL 34761

Title: MGR ( ) Delete
Name: CRAWFORD, DARRYL
Address: 738 MT. PLEASANT DR.
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGM ( ) Change (X) Addition
Name: DANIELS, VERONICA
Address: 3219 HAWKS RIDGE POINT
City-St-Zip: KISSIMMEE, FL 34761

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: ROSE BOWIE MGM 05/05/2008

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