

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015934

Entity Name: TWINCERELY OURS, LLC

FILED  
Apr 06, 2009  
Secretary of State

**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 ( )

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

BOWIE, ROSE M  
738 MT. PLEASANT DR.  
OCOE, 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: OCOE, FL 34761

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

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

**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: ROSE M. BOWIE

MGR

04/06/2009

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