

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90063 025 ***150.00

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04152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000095320 1. Entity Name TWINKLE TOES, LLC					
Principal Place of Business 2392 PHEASANT LANE WESTON, FL 33327			Mailing Address 2392 PHEASANT LANE WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box # 2392 PHEASANT LANE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2392 PHEASANT LANE <small>Suite, Apt. #, etc.</small>			
City & State WESTON FLORIDA		City & State WESTON FLORIDA		4. Fil Number 26-1093212	
Zip 33327		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00. Additional Fee Required	
6. Name and Address of Current Registered Agent GREENSPOON MARDER PA 100 W CYPRRESS CREEK ROAD STE 700 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name SUSAN J. BRAXTON Street Address (P.O. Box Number is Not Acceptable) 2392 PHEASANT LANE City WESTON FLORIDA FL Zip Code 33327		
8. 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 <u><i>Susan J. Braxton</i></u> DATE <u>4/25/08</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
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	MGR BRAXTON, SUSAN 2392 PHEASANT LANE WESTON, FL 33327		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Susan J. Braxton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/25/08</u> Daytime Phone # <u>(561) 364-0801</u>	