

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110234

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** TWITCHY INVESTMENTS L.L.C.

**Current Principal Place of Business:**

3818 COUNTY RD 547 NORTH  
DAVENPORT, FL 33837

**New Principal Place of Business:**

5259 ALIBI TERRACE  
NORTH PORT, FL 34286

**Current Mailing Address:**

PO BOX 217  
FOLSOM, CA 95763

**New Mailing Address:**

**FEI Number:** 26-1330459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARRISON, KENNTH M  
3818 COUNTY RD 547 NORTH  
DAVENPORT, FL 33837 US

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

LONG, BOB  
5259 ALIBI TERRACE  
NORTH PORT, FL 34286 US

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: BOB LONG

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GARRISON, KENNETH M  
Address: 460 COPPER CREEK CIR  
City-St-Zip: POOLER, GE 31322

Title: MGRM  
Name: MCGLONE, SAMANTHA C  
Address: PO BOX 217  
City-St-Zip: FOLSOM, CA 95763

Title: MGR  
Name: MCGLONE, BRIAN T  
Address: PO BOX 217  
City-St-Zip: FOLSOM, CA 95763

I hereby 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: BRIAN T. MCGLONE

MGR

04/22/2011

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