

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114903

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** TWISTER TRUCKING LLC

**Current Principal Place of Business:**

2707 SALLY LANE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

2707 SALLY LANE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

**FEI Number:** 26-1421291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENSEN, MICHAEL E  
2707 SALLY LANE  
NORTH PORT, FL 34286 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: MGRM  
Name: JENSEN, MICHAEL E  
Address: 2707 SALLY LANE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: TREA  
Name: JENSEN, JULIA M  
Address: 2707 SALLY LANE  
City-St-Zip: NORTH PORT, FL 34286 US

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: MICHAEL E JENSEN

MGRM

02/03/2011

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