

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000125949

Entity Name: TWILIGHT NOTES, LLC

FILED  
Oct 14, 2009  
Secretary of State

## Current Principal Place of Business:

511 SE 5TH ST, STE 701  
FT LAUDERDALE, FL 33301 US

## New Principal Place of Business:

511 SE 5TH AVE  
SUITE 701  
FT LAUDERDALE, FL 33301 US

## Current Mailing Address:

511 SE 5TH ST, STE 701  
FT LAUDERDALE, FL 33301 US

## New Mailing Address:

511 SE 5TH AVE  
SUITE 701  
FT LAUDERDALE, FL 33301 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:

FOSTER, ADAM  
522 NE 1ST AVE APT 16  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

FOSTER, ADAM  
511 SE 5TH AVE  
SUITE 701  
FT LAUDERDALE, FL 33301 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: ADAM FOSTER

10/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FOSTER, ADAM  
Address: 522 NE 1ST AVE APT 16  
City-St-Zip: FT LAUDERDALE, FL 33301 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, ADAM  
Address: 511 SE 5TH AVE SUITE 701  
City-St-Zip: FT LAUDERDALE, FL 33301 US

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: ADAM FOSTER

MGRM

10/14/2009

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