## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009326

Entity Name: TWINESTONES, LLC

**Current Mailing Address:** 

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2240 NORTH SHERMAN CIRCLE 620 NW 106TH TERRACE

PEMBROKE PINES, FL 33026 US 408

MIRAMAR, FL 33025

620 NW 106TH TERRACE 2240 NORTH SHERMAN CIRCLE

PEMBROKE PINES, FL 33026 US MIRAMAR, FL 33025 US

FEI Number: 71-1045470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

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: Name and Address of New Registered Agent:

DESHAZIOR, OMAR DESHAZIOR, OMAR 2240 NORTH SHERMAN CIRCLE 8203 SOUTH PALM DRIVE 408 APT. 406

MIRAMAR, FL 33025 US PEMBROKE PINES, FL 33025 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: 05/01/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

DESHAZIOR, OMAR DESHAZIOR, OMAR Name: Name: 8203 SOUTH PALM DRIVE, APT. 406 Address: 2240 NORTH SHERMAN CIRCLE Address:

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025

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: OMAR DESHAZIOR **MGRM** 05/01/2009