

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015257

FILED
Apr 14, 2009
Secretary of State

Entity Name: TWIN FARE LLC

Current Principal Place of Business:

3601 S. OCEAN BLVD.
#201
PALM BEACH, FL 33480

Current Mailing Address:

3601 S. OCEAN BLVD.
#201
PALM BEACH, FL 33480

New Principal Place of Business:

3799 S. BANANA RIVER BLVD.,
#504
COCOA BEACH, FL 32931

New Mailing Address:

3799 S. BANANA RIVER BLVD.,
#504
COCOA BEACH, FL 32931

FEI Number: 61-1555652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNIG, CHRISTINE
3601 S. OCEAN BLVD.
#201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

HENNING, CHRISTINE
3799 S. BANANA RIVER BLVD.
#504
COCOA BEACH, FL 32931 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: CHRISTINE HENNING

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURRAY, CONNIE D
Address: 141 SANDY HOOK RD
City-St-Zip: BERLIN, MD 21811

Title: MGR () Delete
Name: HENNING, CHRISTINE
Address: 3601 S. OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HENNING, CHRISTINE
Address: 3799 S. BANANA RIVER BLVD., #504
City-St-Zip: COCOA BEACH, FL 32931

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: CONNIE MURRAY

MGR

04/14/2009

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