

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018889

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: MIAMI TWICE, LLC

**Current Principal Place of Business:**

1810 N.W. 78TH AVENUE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

1810 N.W. 78TH AVENUE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 80-0152912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, JOY A  
20245 NW 7 AVE  
MIAMI GARDENS, FL 33169 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 ( ) Delete  
Name: LEWIS OLSEN, KAREN  
Address: 1810 N.W. 78TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM ( ) Delete  
Name: OLSEN, MARTIN  
Address: 1810 N.W. 78TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM ( ) Delete  
Name: FEDDER, THOMAS  
Address: FILIPPAVEJ 51  
City-St-Zip: AALBORG, DK 9000 DK

Title: MGRM ( ) Delete  
Name: BORNE, MADS  
Address: HIMMELBJERGVEJ 100  
City-St-Zip: SILKEBORG, DK 8600 DK

Title: MGRM ( ) Delete  
Name: BORDINGGAARD, CHRISTIAN  
Address: RODKILDEBANKEN 24  
City-St-Zip: LEJRE, DK 4320 DK

Title: MGRM ( ) Delete  
Name: BORDINGGAARD, HEIDI  
Address: RODKILDEBANKEN 24  
City-St-Zip: LEJRE, DK 4320 DK

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: KAREN LEWIS OLSEN

MGRM

01/11/2009

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