

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019732

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** TWIN COMMUNICATION LLC

**Current Principal Place of Business:**

19823 HIBISCUS DRIVE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

931 VILLAGE BOULEVARD, STE. 905-208  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

19823 HIBISCUS DRIVE  
TEQUESTA, FL 33469

**New Mailing Address:**

931 VILLAGE BOULEVARD, STE. 905-208  
WEST PALM BEACH, FL 33409

**FEI Number:** 26-1887358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'NEILL, TIMOTHY P ESQ.  
631 US HIGHWAY ONE  
100  
NORTH PALM BEACH, FL 33408 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: MORRIS, DON C  
Address: 19823 HIBISCUS DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM ( ) Delete  
Name: MORRIS, DALE C  
Address: 649 KEYES FERRY ROAD  
City-St-Zip: CHARLESTOWN, WV 25414

**ADDITIONS/CHANGES:**

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:** DON MORRIS

MGRM

04/15/2009

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