

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041740

**Entity Name:** TWS EXPRESS, LLC

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

356 FULL MOON TRAIL  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 351574  
JACKSONVILLE, FL 32235 US

**New Mailing Address:**

**FEI Number:** 26-2554662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCRUGGS, TOMMY W  
356 FULL MOON TRAIL  
JACKSONVILLE, FL 32225 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  
**Name:** SCRUGGS, TOMMY W  
**Address:** POST OFFICE BOX 351574  
**City-St-Zip:** JACKSONVILLE, FL 32235 US

I hereby 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: TOMMY W. SCRUGGS

MGRM

03/26/2010

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