2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000047985

Entity Name: TWIL OF CASS, LLC

Current Principal Place of Business:

735 N HIGHWAY A1A
SUITE 503
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

735 N HIGHWAY A1A
SUITE 503
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 26-2612201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, REBECCA C
735 N. HIGHWAY A1A
SUITE 503
INDIALANTIC, FL 32903 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: THOMPSON, REBECCA C
Address: 735 N. HIGHWAY A1A, # 503
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM ( ) Delete
Name: WILSON, JANE C
Address: 290 HARDEN STREET
City-St-Zip: ECLECTIC, AL 32903

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: REBECCA C THOMPSON MGRM 03/20/2009

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