

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090105

FILED
Jun 22, 2009
Secretary of State

Entity Name: CARBON TWIN LLC

Current Principal Place of Business:

618 MINORCA AVENUE
CORAL GABLES, 33134 US

New Principal Place of Business:

618 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

618 MINORCA AVENUE
CORAL GABLES, 33134 US

New Mailing Address:

618 MINORCA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOMAN, ROY O
618 MINORCA AVENUE
CORAL GABLES, FL 33134 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: MGR () Delete
Name: TOMAN, DEXTER R
Address: 13771 GREEN COVE PLACE
City-St-Zip: DAVIE, FL 33325 US

Title: MGR () Delete
Name: TOMAN, ROY O
Address: 618 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: TOMAN, DEXTER R
Address: 13771 GREEN COVE PLACE
City-St-Zip: DAVIE, FL 33325 US

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: DEXTER R. TOMAN

PRES

06/22/2009

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