

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090105

Entity Name: CARBON TWIN LLC

**FILED**  
**May 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

618 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

618 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

P.O. BOX 140302  
CORAL GABLES, FL 33114 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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: PRES  
Name: TOMAN, ROY O  
Address: P.O. BOX 140302  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR  
Name: TOMAN, DEXTER R  
Address: P.O. BOX 140302  
City-St-Zip: CORAL GABLES, FL 33114 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: ROY OSCAR TOMAN

PRES

05/13/2010

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