

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013271

Entity Name: EVIL TWIN FX LLC

**FILED**  
**Sep 23, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

5497 TIMBERLEAF BLVD #1506  
ORLANDO, FL 32811 US

## **New Principal Place of Business:**

15012 BELLINKOFF LANE  
ORLANDO, FL 32828 US

## **Current Mailing Address:**

5497 TIMBERLEAF BLVD #1506  
ORLANDO, FL 32811 US

## **New Mailing Address:**

15012 BELLINKOFF LANE  
ORLANDO, FL 32828 US

FEI Number: 27-0280606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLFE, NICHOLAS P  
5497 TIMBERLEAF BLVD #1506  
ORLANDO, FL 32811 US

## **Name and Address of New Registered Agent:**

WOLFE, NICHOLAS P  
5030 LINDSAY CT  
ORLANDO, FL 32821 US

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:

09/23/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOLFE, NICHOLAS P  
Address: 5030 LINDSAY CT  
City-St-Zip: ORLANDO, FL 32821

Title: MGRM  
Name: WOLFE, BRIAN D  
Address: 15012 BELLINKOFF LANE  
City-St-Zip: ORLANDO, FL 32828 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: BRIAN WOLFE

MGRM

09/23/2010

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