

PLEASE READ SLL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2018**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 JUL -2 AM 6:10

DOCUMENT # L10000110682

1. Limited Liability Company's Name
TWENTY LLC

800315420399
07/02/18--01044--007 **238.75

2. Principal Office Address - No P.O. Box #
616 Azalea Lane

3. Mailing Office Address
616 Azalea Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach

Zip

32963

Country

USA

Zip

32963

Country

USA

8. Name and Address of Current Registered Agent

Name

Matt J Gaston

Street Address (P.O. Box Number is Not Acceptable) Suite,

616 Azalea Lane

Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/28/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
M&R	Matt J Gaston	616 Azalea Lane	Vero Beach, FL 32963

11. E-mail Address. kellybow@me.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 6/28/18

Daytime Phone # (772)643-8005

Typed or printed name of signing authorized representative/member

K. ASHTON