

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90213 030 *****55.00

DOCUMENT # M02000000494

1. Entity Name
TWINSTACKS LOGISTICS, LLC



Principal Place of Business
**650 S.E. PARADISE POINT RD #4444
CRYSTAL RIVER FL 34429**

Mailing Address
**650 S.E. PARADISE POINT RD #4444
CRYSTAL RIVER FL 34429**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3597924**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNER, FRANKIE
400 NW 8TH AVE.
CRYSTAL RIVER FL 34428**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNER, FRANKIE 400 N.W. 8TH AVE. CRYSTAL RIVER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, S D 3534 YOUNG ST. TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Frankie Burner*
Frankie Burner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/03 **(352) 563-1021**

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

30053871

1402000000494

ANNUAL LIST OF MANAGERS OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER

Twinstacks Logistics, LLC

644-2002

(Name of Limited-Liability Company)

A Nevada LIMITED-LIABILITY COMPANY FOR THE FILING PERIOD TO
(State of Formation)

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Incorp Services, Inc.
6075 South Eastern Ave., Suite 1
Las Vegas, Nevada 89119-3146

(702) 866-2500 Phone • (702) 866-2689 Fax
www.incorpservices.com

☐ IF AGENT INFORMATION HAS CHANGED, PLEASE SEE ATTACHED INSTRUCTIONS ON HOW TO OBTAIN THE APPROPRIATE FORM.

Office Use Only

FILED #

DEC 20 2002

IN THE OFFICE OF
DEAN HELLER SECRETARY OF STATE

Important. Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A manager, or if none, a member of the company must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the last day of the anniversary month of the original registration with this office.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate and **ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.** To receive a certified copy enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.

FILING FEE: \$85.00

LATE PENALTY: \$50.00

NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
Frankie Burner		<input checked="" type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER	
PO BOX	STREET ADDRESS	CITY	ST	ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada	89119-3146	
Sidney Daniel Graham		<input type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER	
PO BOX	STREET ADDRESS	CITY	ST	ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada	89119-3146	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
PO BOX	STREET ADDRESS	CITY	ST	ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada	89119-3146	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
PO BOX	STREET ADDRESS	CITY	ST	ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada	89119-3146	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
PO BOX	STREET ADDRESS	CITY	ST	ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada	89119-3146	

I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Manager or Member

Dec. 3, 2002
Date