

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000000096

FILED  
Sep 25, 2007  
Secretary of State

Entity Name: TWIN FLAMES, LLC

**Current Principal Place of Business:**

132 S. GRANDVIEW  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

132 S. GRANDVIEW  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

27 DOGWOOD HOLLOW LANE  
MILLER PLACE, NY 11764

FEI Number: 74-3133589      FEI Number Applied For ( )      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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CYNTHIA L. HARRIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GLIBOFF, HEIDI R  
Address: 132 S. GRANDVIEW  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR ( ) Delete  
Name: TURNER, MINDY R  
Address: 132 S. GRANDVIEW  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HEIDI R. GLIBOFF

MRG

09/25/2007

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