## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019732

Entity Name: TWIN COMMUNICATIONS, LLC

ity Name. TWIN COMMONICATIONS, LL

**Current Principal Place of Business:** 

C/O CONLON & ASSOCIATES, LLC 611 SW FEDERAL HIGHWAY SUITE L STUART, FL 34994

**Current Mailing Address:** 

C/O CONLON & ASSOCIATES, LLC 611 SW FEDERAL HIGHWAY SUITE L STUART, FL 34994 US

FEI Number: 26-1887358 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONLON, DAVID C 611 SW FEDERAL HIGHWAY SUITE L STUART, FL 34994 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: DAVID C. CONLON 06/30/2020

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name MORRIS, DON C Name MORRIS, DALE C

Address 2699 GRAY ROAD Address 103 SERPENTINE WAY

City-State-Zip: CHOCOWINITY NC 27817 City-State-Zip: MARTINSBURG WV 25405

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DALE C MORRIS MANAGER 06/30/2020

FILED Jun 30, 2020

**Secretary of State** 

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