

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019732

**Entity Name:** TWIN COMMUNICATIONS, LLC

**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

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MORRIS, DON C  
Address 2699 GRAY ROAD  
City-State-Zip: CHOCOWINITY NC 27817

Title MGRM  
Name MORRIS, DALE C  
Address 103 SERPENTINE WAY  
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:** DON MORRIS

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date