

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000016901

**Entity Name:** TWTS HOLDINGS, LLC**Current Principal Place of Business:**430 PARK PLACE BLVD  
STE 100  
CLEARWATER, FL 33759**Current Mailing Address:**430 PARK PLACE BLVD  
STE 100  
CLEARWATER, FL 33759 US**FEI Number:** 46-4744486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**24 CAT LLC  
301 WOODLANDS PKWY  
STE 10  
OLDSMAR, FL 34677 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:** MICHAEL J. FAEHNER, ESQ. ON BEHALF OF 24 CAT LLC

02/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGR                            |
| Name            | WINKLER, JEFFREY               |
| Address         | 430 PARK PLACE BLVD<br>STE 100 |
| City-State-Zip: | CLEARWATER FL 33759            |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGR                            |
| Name            | BACKMAN, STEPHEN               |
| Address         | 430 PARK PLACE BLVD<br>STE 100 |
| City-State-Zip: | CLEARWATER FL 33759            |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGR                            |
| Name            | TREGER, DALE                   |
| Address         | 430 PARK PLACE BLVD<br>STE 100 |
| City-State-Zip: | CLEARWATER FL 33759            |

*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:** JEFFREY WINKLER

MANAGER

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date