

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000115757

**Entity Name:** TWISTED EGO LLC

**Current Principal Place of Business:**

3174 NW FEDERAL HWY1  
#3490 SUITE 210  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

525 NW SHERBROOKE AVE  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 92-3256085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRELL, QUINTERIA  
525 NW SHERBROOKE AVE  
PORT SAINT LUCIE, FL 34983 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HARRELL, QUINTERIA  
Address 525 NW SHERBROOKE AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

*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:** QUINTERIA HARRELL

**MANAGER**

**04/30/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date