

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000017862

1. Entity Name
 LUCKY TOP 1, LLC



Principal Place of Business
 13105 N.W. LEJEUNE ROAD
 OPA LOCKA, FL 33054

Mailing Address
 13105 N.W. LEJEUNE ROAD
 OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3834930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN D
 2800 PONCE DE LEON BLVD., STE. 1125
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, BRIAN 13105 N.W. LEJEUNE ROAD OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPLIN, WAYNE 13105 N.W. LEJEUNE ROAD OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000817061
 02/14/08-80078-010 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____