

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082053

FILED
Jan 19, 2009
Secretary of State

Entity Name: TOP SHELF MARKETING OF SW FLORIDA, LLC

Current Principal Place of Business:

14908 ARBOR SPRINGS CIR.
304
TAMPA, FL 33624

New Principal Place of Business:

8803 BLISS ROAD
GIBSONTOWN, FL 33534

Current Mailing Address:

14908 ARBOR SPRINGS CIR.
304
TAMPA, FL 33624

New Mailing Address:

8803 BLISS ROAD
GIBSONTOWN, FL 33534

FEI Number: 26-0686295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, MICKEY C JR
14908 ARBOR SPRINGS CIR.
304
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

RUDD, MICKEY C JR
8803 BLISS ROAD
GIBSONTOWN, FL 33534 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: MICKEY C RUDD JR

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: RUDD, MICKEY C JR
Address: 14908 ARBOR SPRINGS CIR#304
City-St-Zip: TAMPA, FL 33624

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: RUDD, DIANA W
Address: 8803 BLISS RD
City-St-Zip: GIBSONTOWN, FL 33534

Title: MR () Change (X) Addition
Name: RUDD, MICKEY C JR
Address: 8803 BLISS RD
City-St-Zip: GIBSONTOWN, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICKEY C RUDD JR

MR

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date