

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

04-23-2007 90364 008 ****50.00

DOCUMENT # L99000002186	
1. Entity Name TOPPING WHITE DESIGN, LLC	

Principal Place of Business 2395 WINDSOR WAY COURT WEST PALM BEACH FL 33414	Mailing Address 2395 WINDSOR WAY COURT WEST PALM BEACH FL 33414
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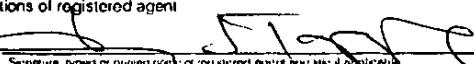
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent TOPPING, TRACEY L 2395 WINDSOR WAY COURT WEST PALM BEACH FL 33414	
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4. FEI Number 65-0917383	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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  DATE **5/25/07**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS																						
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10. ADDITIONS/CHANGES																			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #