

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025791

**Entity Name:** TOP NOTCH HOLDINGS LLC**Current Principal Place of Business:**14800 12TH STREET  
DADE CITY, FL 33523**Current Mailing Address:**14800 12TH STREET  
DADE CITY, FL 33523 US**FEI Number:** 80-0162064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLADO, JERRY  
11401 SW 40TH STREET  
# 401  
MIAMI, FL 33165 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:** JERRY COLLADO

04/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title AUTHORIZED MEMBER  
Name SHEFTALL, TASHIARA D.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title AUTHORIZED MEMBER  
Name SHEFTALL, INDIA N.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title CEO  
Name SHEFTALL, DARRELL R.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title VP  
Name SHEFTALL, CHRISTAL N.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title AUTHORIZED MEMBER  
Name SCOTT, JR., ERIC B.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title AUTHORIZED MEMBER  
Name SHEFTALL, THADIUS D.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523Title AUTHORIZED MEMBER  
Name MCFADDEN, ZAHARI F.  
Address 14800 12TH STREET  
City-State-Zip: DADE CITY FL 33523

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:** DARRELL R. SHEFTALL

CEO

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date