

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025791

Entity Name: TOP NOTCH HOLDINGS LLC**Current Principal Place of Business:**10121 E. ADAMO DR.
891158
TAMPA, FL 33619**Current Mailing Address:**P.O. BOX 891158
TAMPA, FL 33689 US**FEI Number:** 80-0162064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLADO, JERRY
10640 NW 27TH STREET
201
DORAL, FL 33172 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

03/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SHEFTALL, TASHIARA D.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title AUTHORIZED MEMBER
Name SHEFTALL, INDIA N.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title CEO
Name SHEFTALL, DARRELL R.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title VP
Name SHEFTALL, CHRISTAL N.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title AUTHORIZED MEMBER
Name SCOTT, JR., ERIC B.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title AUTHORIZED MEMBER
Name SHEFTALL, THADIOUS D.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

Title AUTHORIZED MEMBER
Name MCFADDEN, ZAHARI F.
Address P.O. BOX 891158
City-State-Zip: TAMPA FL 33689

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

03/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date