

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053115

**Entity Name:** CHARLEY TOPPINO & SONS OF KEY WEST, LLC

**Current Principal Place of Business:**

129 TOPPINO INDUSTRIAL DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 787  
KEY WEST, FL 33041 US

**FEI Number:** 26-2713515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOPPINO, RICHARD  
129 TOPPINO INDUSTRIAL DRIVE  
KEY WEST, FL 33040 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name TOPPINO, RICHARD  
Address 10 EGRET LN  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name TOPPINO, DANIEL  
Address P.O. BOX 787  
City-State-Zip: KEY WEST FL 33041

Title MGR  
Name TOPPINO, PAUL  
Address 1500 CATHERINE ST  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name TOPPINO, CASSANDRA  
Address 6205 MORRISON BLVD APT 410  
City-State-Zip: CHARLOTTE NC 28211

*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: DANIEL TOPPINO**

**MANAGER**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date