

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000192893

**Entity Name:** TOP HAT CATERING, L.L.C.

**Current Principal Place of Business:**

450 HAZZARD LN  
PENSACOLA, FL 32533

**Current Mailing Address:**

450 HAZZARD LN  
PENSACOLA, FL 32533 US

**FEI Number:** 81-0684852

**Certificate of Status Desired:** No

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

DELOACH, NORMAN  
450 HAZZARD LN  
PENSACOLA, FL 32533 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	Title	AMBR
Name	DELOACH, NORMAN	Name	SNOW, RONNIE
Address	450 HAZZARD LN	Address	450 HAZZARD LN
City-State-Zip:	PENSACOLA FL 32533	City-State-Zip:	PENSACOLA FL 32533

*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:** DELOACH , NORMAN

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04/25/2017

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

\_\_\_\_\_  
Date