

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016081

**Entity Name:** TOP SHELF PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

4050 TAMPA ROAD  
OLDSMAR, FL 34677

**Current Mailing Address:**

5810 SCHOONER WAY  
TAMPA, FL 33615 US

**FEI Number: 81-1361538**

**Certificate of Status Desired:** No

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

MAGIDSON, MICHAEL D  
333 THIRD AVENUE NORTH, STE200  
ST. PETERSBURG, FL 33701 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 BURCHELL, LORI D.M.D.  
Address 5810 SCHOONER WAY  
City-State-Zip: TAMPA FL 33615

*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: LORI BURCHELL**

**MANAGER**

**01/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date