

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000217388

**Entity Name:** TOP TOM RESTAURANT SERVICES LLC

**Current Principal Place of Business:**

7835 NW 107TH AV  
#7 #8  
DORAL, FL 33178

**FILED**  
**May 05, 2021**  
**Secretary of State**  
**6581774474CC**

**Current Mailing Address:**

7835 NW 107TH AV  
#7 #8  
DORAL, FL 33178 US

**FEI Number: 81-4585257**

**Certificate of Status Desired: No**

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

BAKHOS, RIMI  
10801 NW 75 STREET  
MEDLEY, FL 33178 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:** RIMI BAKHOS

05/05/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BAKHOS LAJUD, RIMI  
Address 10801 NW 75 STREET  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name VARGAS, LUIS  
Address 7835 NW 107TH AV  
#7 #8  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name VARGAS, RONY  
Address 7835 NW 107TH AV  
#7 #8  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name BAKHOS, ANAMARY  
Address 7835 NW 107TH AV  
#7 #8  
City-State-Zip: DORAL FL 33178

*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:** BAKHOS LAJUD, RIMI

AMBR

05/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date