I hereby certify that the information indicated on this report or supplemental report is true and accu	irate and that my electronic signature shall have th	e 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 t	rustee empowered to execute this report as require	ed by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: STEPHANIE KOONCE	MGR	01/29/2020

SIGNATURE: STEPHANIE KOONCE

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

3610 HARVEST ORCHARD DRIVE PLANT CITY, FL 33567

DOCUMENT# L18000166855

Current Mailing Address:

3610 HARVEST ORCHARD DRIVE PLANT CITY, FL 33567

FEI Number: 83-1464500

Name and Address of Current Registered Agent:

KOONCE, STEPHANIE L 3610 HARVEST ORCHARD DRIVE PLANT CITY, FL 33567 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KOONCE, KRISTOFER A	Name	KOONCE, STEPHANIE L
Address	3610 HARVEST ORCHARD DRIVE	Address	3610 HARVEST ORCHARD DRIVE
City-State-Zip:	PLANT CITY FL 33567	City-State-Zip:	PLANT CITY FL 33567

Entity Name: TOP NOTCH MOVING AND INSTALLATIONS, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 29, 2020 Secretary of State 0449314443CC

Date

FILED

Certificate of Status Desired: No

Date