

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005352

**FILED  
Mar 16, 2016  
Secretary of State  
CC0046437695**

**Entity Name:** TOPS'L DEVELOPMENT, LLC

**Current Principal Place of Business:**

546 MARY ESTHER CUT-OFF NW, SUITE 3  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

546 MARY ESTHER CUT-OFF NW, SUITE 3  
FORT WALTON BEACH, FL 32548 US

**FEI Number: 20-4598724**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 CASH, PAUL F  
Address 14 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title MGR  
Name TOSCANO, MICHAEL  
Address 14 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title MGR  
Name ROSSI, NICOLA  
Address 22 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

*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: NICOLA ROSSI**

**MANAGER, BY KATHLEEN 03/16/2016  
A. LANGE ATTORNEY-IN-FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date