

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M11000005927

Entity Name: EZETOP LLC**Current Principal Place of Business:**95 MERRICK WAY 3RD FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**101 CRAWFORDS CORNER ROAD
SUITE 4-104 R
HOLMDEL, NJ 07733 US**FEI Number:** 27-4946499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCorp SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	MGRM
Name	RODEN, MARK
Address	C/O EZETOP UNLIMITED COMPANY 3 SHELBOURNE BUILDINGS, SHELBOURNE ROAD, BALLSBRIDGE

City-State-Zip: DUBLIN D04 C2Y6

Title	MGRM
Name	O'DONOHUE, SYLVIA
Address	C/O EZETOP UNLIMITED COMPANY 3 SHELBOURNE BUILDINGS, SHELBOURNE ROAD, BALLSBRIDGE

City-State-Zip: DUBLIN D04 C2Y6

Title	CFO
Name	ROCKETT, JONATHAN
Address	C/O EZETOP UNLIMITED COMPANY 3 SHELBOURNE BUILDINGS, SHELBOURNE ROAD, BALLSBRIDGE

City-State-Zip: DUBLIN 4 D04 C2Y6

Title	MGR
Name	EZETOP UNLIMITED COMPANY
Address	3 SHELBOURNE BUILDINGS, SHELBOURNE ROAD, BALLSBRIDGE
City-State-Zip:	DUBLIN D04 C2Y6

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: ELAINE PALER**COMMERCIAL FINANCE
MANAGER****08/03/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date