

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90068 007 ****50.00

DOCUMENT # L01000005204

1. Entity Name
TOP LEVEL COMMUNICATIONS, LLC



Principal Place of Business

**5 PELICAN ISLE
FORT LAUDERDALE, FL 33301**

Mailing Address

**5 PELICAN ISLE
FORT LAUDERDALE, FL 33301**



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1094177

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CARSON, ROXANN N
5 PELICAN ISLE
FORT LAUDERDALE, FL 33303**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CARSON, JAMES P
5 PELICAN ISLE
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HARRISON, KEVIN J
5 PELICAN ISLE
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Roxann Carson Roxann Carson 4-26-04 954-524-2989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #