

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010180

Entity Name: TOP HAT, L.L.C.

FILED  
Mar 21, 2009  
Secretary of State

**Current Principal Place of Business:**

10656 SE 106 CT  
636  
CANDLER, FL 32111

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 636  
CANDLER, FL 32111

**New Mailing Address:**

FEI Number: 65-1146195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEMPKINS, HARRY  
420 LINCOLN RD, STE 244  
MIAMI BEACH, FL 33139 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLARKE, HELEN A  
Address: 10656 SE 106 CT, # 636  
City-St-Zip: CANDLER, FL 32111

Title: MGRM ( ) Delete  
Name: GUTIERREZ, ALESIA  
Address: 400 E. HALLANDALE BCH. BLVD.  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: CLARKE, HELEN A  
Address: 10656 SE 106 CT. # 636  
City-St-Zip: CANDLER, FL 32111

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HELEN ANN CLARKE

MM

03/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date