

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020388

1. Entity Name

TOP NOTCH TOYS, L.C.



Principal Place of Business

316 ISLE OF PALMS DR.
FT. LAUDERDALE, FL 33301

Mailing Address

316 ISLE OF PALMS DR.
FT. LAUDERDALE, FL 33301



03302004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0031239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUENCH, KEVIN
316 ISLE OF PALMS DR.
FT. LAUDERDALE, FL 33301

**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 MGR
NAME MUENCH, KEVIN
STREET ADDRESS 316 ISLE OF PALMS DR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE MGR
NAME MUENCH, MAY-FRANCE
STREET ADDRESS 316 ISLE OF PALMS DR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000106687
04/08/04-80025-016 50.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PAUL A. DANCE

4.5.04 214 8420