LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034328

1. Entity Name

SIGNATURE:

TOPS'L CLUB OF NW FLORIDA, LLC



FILED

03 APR 28 AM 8: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Date

Daytime Phone #

	DO NOT WRITE	IN THIS S	PAC	Æ	TALI	THUS SEE LES	
² Brincipal Place of Business 3500 Emerald Coast Parkway		3-Mailing Address 530 Oak Court Drive				GS 808	
Suite, Apt. #, etc.		Suite, Apt. # etc. Ste 360		4/28	DO NOT WRITE IN THIS SP	ACE NOTE	
City & State Destin, Florida		City & State Memphis, TN		4. FEI Number 65-11760	005 Applied For Not Applicable		
Zip 32541	Country USA	Zip Country 38117 USA		5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent			
	DO NOT WI	ACE	s registere	Street Address (F 1200 Sou City Plantati	Lon	s Not Acceptable)	Zip Code 33324 illar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1							
9.	MANAGING MEMBER	RS/MANAGERS					
NAME STREET ADDRESS CITY-ST-ZIP	MGR Olin, James S. 530 Oak Court Driv Memphis, TN 38117	ve , Ste 360	AND THE PERSON NAMED IN				CRZE083B (1202
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CONTROL OF COMME	Control and the control of the contr	70) - 04/28/0	001712937 0301027007 *	~ ~ √√ √√ √√ √√ √√ √√ √√ √√ √√ √√ √√ √√ √√
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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 ampowered to execute this report as required by Chapter 608, Florida Statutes.							

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE