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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. SEP -3 2009

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOPKSS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP J. WHITE  
Name of Person

TOPKSS LLC  
Firm/Company

6568 EAGLE RIDGE WAY  
Address

LAKELAND 33813  
City/State and Zip Code

WHITEIP46@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP J. WHITE at (863) 937 3180  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2009

PHILIP J. WHITE  
6568 EAGLE RIDGE WAY  
LAKELAND, FL 33813

SUBJECT: TOFFSS, L.L.C.  
Ref. Number: L03000000864

We have received your document for TOFFSS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The current Registered Agent name must be listed, then the new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 509A00028741

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TOFFSS, LLC

2. (a) Principal office address of limited liability company: 6568 EAGLE RIDGE WAY  
LAKE LAND 33813  
☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 6568 EAGLE RIDGE WAY  
LAKE LAND 33813  
☐ (Note: **MAY BE POST OFFICE BOX**)

1/8/2003  
3. Date of filing/registration in Florida

LO300000086  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Agent: WILLIAM POOLE

Registered Office Address: 195 NEKIVA SPRINGS RD  
SUITE 204  
LONGWOOD 32779

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** PHILIP T. WHITE

**NEW Registered Office Address:** 6568 EAGLE RIDGE WAY  
**(MUST BE FLORIDA STREET ADDRESS)** LAKE LAND, FL 33813

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

PHILIP T. WHITE  
Signature of a member or authorized representative of a member

PHILIP T. WHITE  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

PHILIP T. WHITE  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00