

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005734

FILED
Feb 05, 2009
Secretary of State

Entity Name: TOPPINO HOLDINGS, LLC

Current Principal Place of Business:

2468 HWY 441 STE 505
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

POB 101
FRUITLAND PARK, FL 34731

New Mailing Address:

P.O. BOX 101
FRUITLAND PARK, FL 34731

FEI Number: 25-1902496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, LEE
2468 HWY 441 STE 505
FRUITLAND PARK, FL 34731 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: TOPPINO, PHILIP M
Address: PO BOX 687
City-St-Zip: MINNEOLA, FL 34755

Title: MGR () Delete
Name: WOODS, LOU
Address: 2468 HWY 441 STE 505
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGRS () Delete
Name: MM, LLC,
Address: 7506 BRIGHTWATER PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: WOODS, LEE
Address: 2468 HWY 441 STE 505
City-St-Zip: FRUITLAND PARK, FL 34731

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: LEE WOODS

MGR

02/05/2009

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