

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014015

FILED  
Sep 18, 2009  
Secretary of State

Entity Name: FLAT TOPPERS, LLC

**Current Principal Place of Business:**

3452 NE JACKSONVILLE RD.  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

3452 NE JACKSONVILLE RD.  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 57-1163061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,  
512 E SILVER SPRINGS BLVD  
OCALA, FL 34470      US

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

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,  
3405 SW COLLEGE ROAD #221  
OCALA, FL 34474      US

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: PAUL SCHMIEDER

09/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MORGAN, CATHERINE  
Address: 3452 NE JACKSONVILLE RD.  
City-St-Zip: Ocala, FL 34479

**ADDITIONS/CHANGES:**

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: CATHERINE MORGAN

MRGM

09/18/2009

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