

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000023670**

1. Entity Name  
**RIDGETOP, LLC**



Principal Place of Business

**7201 BRUNER ST.  
PENSACOLA, FL 32526**

Mailing Address

**20 SEASHORE DR.  
PENSACOLA BEACH, FL 32561**



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0117627**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HIGHTOWER, DAVID E  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32501**

**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 re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	F&D ABAD ENTERPRISE, INC.
STREET ADDRESS	20 SEASHORE DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	MGR
NAME	ABAD, DOLORA S
STREET ADDRESS	20 SEASHORE DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	MGRM
NAME	ABAD, FRANCISCO R
STREET ADDRESS	20 SEASHORE DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000428846  
02/21/06-80064-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Dolera S. Abad / DOLORA ABAD*

*2-6-06*

*850453-1131*

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

Date

Daytime Phone #