

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90349 031 \*\*\*\*50.00

**DOCUMENT # L03000035875**

1. Entity Name

TOPPINO, LLC



Principal Place of Business

4880 N. HIGHWAY 19A  
MT DORA FL 32757

Mailing Address

P.O. BOX 687  
MINNEOLA FL 34755

2. Principal Place of Business

4880 N. HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

City & State

MT. DORA, FL

City & State

Zip

Country

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MOORE

CR2E083 (11/03)

4. FEI Number

30-0213979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.  
390 N. ORANGE AVE., STE. 600  
ATTN: PRESIDENT  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
Philip Toppino

Street Address (P.O. Box Number is Not Acceptable)  
4880 N. HIGHWAY 19A SUITE 100

City  
MT. DORA

FL

Zip Code  
32757

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

*Philip M Toppino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
PRES/DIRECTOR  
PHILIP M. TOPPINO  
PO BOX 687  
MINNEOLA FL 34755

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Philip M Toppino*

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

3/24/04

Date

352-267-0659

Daytime Phone #