

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028261**

1. Entity Name  
**TOPFLIGHT VENTURES VI, LLC**



**Principal Place of Business**

**C/O SHERRI W. ZUCKER, MANAGER  
13662 PINE VILLA LANE  
FORT MYERS, FL 33912**

**Mailing Address**

**C/O SHERRI W. ZUCKER, MANAGER  
13662 PINE VILLA LANE  
FORT MYERS, FL 33912**



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1023137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ZUCKER, SHERRI W  
13662 PINE VILLA LANE  
FORT MYERS, FL 33912**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ZUCKER, SHERRI W  
13662 PINE VILLA LANE  
FORT MYERS, FL 33912**

TITLE  
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CITY-ST-ZIP

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01/12/07-80011-007 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:**

*Sherr W. Zucker*

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

Date

Daytime Phone #

*1/8/07*

*239-489-0773*