2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

A graduate Co

1. Entity Name TOP TEAM, LLC



Principal Place of Business

4002 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

Mailing Address

4002 DEL PRADO BLVD. S. CAPE CORAL, FL 33904



03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 20-2130240 Not Applieable

5. Continuo of Status Posited 5.00 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

LEE, SCOTT 4002 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan tions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating) DATE
F	lling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADORESS CITY-ST-ZIP	BRK LEE, SCOTT 4002 DEL PRADO BLVD. S. CAPE CORAL, FL 33904	000006910 <u>5</u> 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, ROBERT A JR 4002 DEL PRADO BLVD. S. CAPE CORAL, FL 33904	04/12/07-80015-016,50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	
indicated	d on this report is true and accorate and that my signature st	qually for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information half have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.