

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90101 032 \*\*\*\*50.00

DOCUMENT # L04000054748

1. Entity Name  
TOP NOTCH CORNERS, LLC



Principal Place of Business  
1030 SE 17TH STREET  
OCALA, FL 34471

Mailing Address  
P.O. BOX 830220  
OCALA, FL 34483



2. Principal Place of Business  
401 NW 1ST AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01272005 Chg-LLC CR2E083 (10/03)

City & State  
Ocala, FL  
Zip 34475 Country Marion

City & State  
Zip Country

4. FEI Number  
20-1408787

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRIGHT, ROBERT C  
1030 SE 17TH STREET  
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
401 NW 1ST AVENUE  
City Ocala, FL Zip Code 34475

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME ALBRIGHT, ROBERT C  
STREET ADDRESS 1030 SE 17TH STREET  
CITY-ST-ZIP Ocala, FL 34471 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 401 NW 1ST AVENUE  
CITY-ST-ZIP Ocala, FL 34475 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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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:

*Robert C Albright*

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

1/31/2005

Date

352-620-8005

Daytime Phone #