2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054748

1. Entity Name
TOP NOTCH CORNERS, LLC



FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90173 002 ****50.00

| | | | | |] | | | |
|---|--|--|--|--|---------------------------------------|--------------------------|--------------------------------|---|
| Principal Place | e of Business | Mailing Address V | | | | | | |
| 401 NORTHWEST FIRST AVENUE OCALA, FL 34475 | | P.O. BOX 830220 OCALA, FL 34483 | | | | | | |
| | | ., | | | | | | |
| 2. Principal Place of Business 23.3 S.W. Think St. | | 3. Mailing Address | | ## # E | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01252006 | Chg-LLC | CR2E083 (11 | (05) | |
| OCALA, FL. | | City & State | | | 4. FEI Numb 20-140 | | _ | Applied For Not Applicable |
| Zip 344 | 174 Country · Marion | Zip | Count | try | 5. Certificate | e of Status Desired | □ \$5.00 Fee Re | Additional quired |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address of New Re | gistered Agent | |
| ALBRIGHT | r, ROBERT C | | | Name | | | | |
| 401 NORT OCALA, FI | HWEST FIRST AVENUE L 34475 | Street Addres | | Street Address (| s (P.O. Box Number is Not Acceptable) | | | |
| | • | | | City | | | FL Zip | Code |
| 9 The shows | named antity as besite this statement for | s the evenes of changing its | - ragistar | · . | rad agent or b | oth in the State of Flor | FL | |
| 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) OATE | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | check payable Department of | |
| | | | | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | |
| 9. TITLE | MGRM | RS/MANAGERS Delete | TITLE | | | ADDITIONS/ | CHANGES Ch | inge 🔲 Addition |
| TITLE NAME | MGRM ALBRIGHT, ROBERT C | ☐ Delete | TITLE | E | 2.8 (1) | | Ch: | ange Addition |
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