

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90139 010 ****50.00

DOCUMENT # L04000054748

1. Entity Name
TOP NOTCH CORNERS, LLC



Principal Place of Business
233 SW THIRD ST
OCALA, FL 34474

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 3718

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala, FL

Zip

Country

Zip

Country

34478

Marion

02012007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

ALBRIGHT, ROBERT C
401 NORTHWEST FIRST AVENUE
OCALA, FL 34475

Name

Street Address (P.O. Box Number is Not Acceptable)

233 S.W. Third Street

City Ocala

FL

Zip Code 34474

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

Robert C. Albright

(Robert C. Albright)

2-7-07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALBRIGHT, ROBERT C
233 SW THIRD ST
OCALA, FL 34474 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 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:

Robert C. Albright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/7/07

352-620-8005