2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L04000058405 FILED 1. Entity Name TOP-NOTCH CONSTRUCTION, LLC 07 JUL 26 AM 9: 32 SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address **68 WILLIE JENKINS** PO BOX 6669 CRAWFORDVILLE, FL 32327 TALLAHASSEE, FL 32314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4229210 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHITTIM, WAYNE Street Address (P.O. Box Number is Not Acceptable) **68 WILLIE JENKINS** CRAWFORDVILLE, FL 32327 City Zip Code 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) DATE BK Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Delete TITLE ☐ Change ☐ Addition CHITTIM, WAYNE NAME NAME STREET ADDRESS **68 WILLIE JENKINS** STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP 300106978003 CITY-ST-ZIP :07/31/07--01023--001 Addition TITLE Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone