

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003402

Entity Name: HILLTOP HOLDINGS LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

24650 SW 129 AVE
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

24650 SW 129 AVE
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 20-3315864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMKISSOON, MOHAN
24650 SW 129 AVE
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMKISSOON, MOHAN
Address: 24650 SW 129 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: MGR () Delete
Name: CABEZAS, ROLANDO L
Address: 8747 SW 134 ST
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: RAMKISSOON, SHEREEN
Address: 24650 SW 129 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: MGR () Delete
Name: CABEZA, ALINA
Address: 24650 SW 129 AVE
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MOHAN RAMKISSOON

PRES

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date