

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027824

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: TOP WATER, LLC

**Current Principal Place of Business:**

5741 WASHINGTON STREET  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5741 WASHINGTON STREET  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-2538638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: BOYETTE, JOHN P  
Address: 5741 WASHINGTON STREET  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: SEIBERT, DARREL L  
Address: 5741 WASHINGTON STREET  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: MILLER, ROBERT A  
Address: 5741 WASHINGTON STREET  
City-St-Zip: NAPLES, FL 34109

**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:

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: JOHN BOYETTE

MGR

01/06/2009

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