


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90136 012 ****50.00

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| DOCUMENT # L05000031635 |  |
| 1. Entity Name TOP NOTCH FLOORING & MORE, LLC | |

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| Principal Place of Business 9702 GREEN MEADOWS DRIVE WEST PALM BEACH, FL 33409 | Mailing Address P.O. BOX 4365 BOYNTON BEACH, FL 33424 |
|--|---|

20047216



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05182006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 65-1247083 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |

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|---|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name NATHAN LIPS | |
| Street Address (P.O. Box Number is Not Acceptable) 9702 GREEN MEADOWS DRIVE | |
| City WEST PALM BEACH | FL Zip Code 33409 |

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|---|---|
| 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 NATHAN LIPS <small>Signature, typed or printed name of registered agent and title if applicable.</small> | Nathan Lips <small>(NOTE: Registered Agent signature required when reinstating)</small> |
| | DATE 6/1/06 |

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| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIPS, NATHAN 9702 GREEN MEADOWS DRIVE WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LIPS, NATHAN 9702 GREEN MEADOWS DRIVE WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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| SIGNATURE: NATHAN LIPS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Nathan Lips <small>Date</small> | 6/1/06 <small>Daytime Phone #</small> |
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