

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050378

Entity Name: TOPS SOLUTIONS LLC

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1986 NW 82 AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

2100 NW 99 AV  
MIAMI, FL 33172

**Current Mailing Address:**

1986 NW 82 AVE  
MIAMI, FL 33126

**New Mailing Address:**

2100 NW 99 AV  
MIAMI, FL 33172

FEI Number: 20-2878030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARA, RICARDO  
1990 NW 82 AVE  
MIAMI, FL 33126 US

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

LARA, RICARDO  
2100 NW 99 AV  
MIAMI, FL 33172 US

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:

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LARA, RICARDO  
Address: 1986 NW 82 AVE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LARA, RICARDO  
Address: 2100 NW 99 AV  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO LARA

MNGR

01/11/2007

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