

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000091212

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** TOP NOTCH TRAINERS, LLC

**Current Principal Place of Business:**

5488 QUEENSHIP CT  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

1121 HOMESTEAD RD. N #259  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

5488 QUEENSHIP CT  
GREENACRES, FL 33463 US

**New Mailing Address:**

1121 HOMESTEAD RD N #259  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 20-3472416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOCATURO, ANTHONY E  
5488 QUEENSHIP CT  
GREENACRES, FL 33463 US

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

VOCATURO, ANTHONY E  
1121 HOMESTEAD RD N #259  
LEHIGH ACRES, FL 33936 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: ANTHONY VOCATURO

04/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VOCATURO, ANTHONY E  
Address: 5488 QUEENSHIP CT  
City-St-Zip: GREENACRES, FL 33463 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VOCATURO, ANTHONY E  
Address: 1121 HOMESTEAD RD N #259  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: ANTHONY VOCATURO

MGRM

04/13/2007

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