


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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8/27/2007-90121-046-\$55.00-\$55.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000010312							
1. Entity Name BIG TOP SERVICES, LLC							
Principal Place of Business 212 COACH CLUB DRIVE TITUSVILLE, FL 32780		Mailing Address 212 COACH CLUB DRIVE TITUSVILLE, FL 32780					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. Filing Method 204256376 <input type="checkbox"/> e-filed For Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required				
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TOPPE, LORETTA J 212 COACH CLUB DRIVE TITUSVILLE, FL 32780			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)							
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State <input checked="" type="checkbox"/>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOPPE, LORETTA J		NAME				
STREET ADDRESS	212 COACH CLUB DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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.							
SIGNATURE: <i>Loretta J. Toppe</i>			Date: 8/21/07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							

REINSTATEMENT